

ISD 197

HEALTH INFORMATION

PACKET

FOR KINDERGARTEN STUDENTS

It is the law in Minnesota.

To enroll in Kindergarten, all students must have:

1. Up to date immunization record or legal exemption
2. Completion of Early Childhood Screening

All the forms attached in this packet need to be completed and returned to your student's school health office before school starts

1. Physical Examination to be completed by your child's Health Care Provider
2. Pupil Health Immunization Record to be completed by parent/guardian or your child's clinic
3. New Student Health Form to be completed by parent/guardian
4. Consent to Share Student Health Data to be completed by parent/guardian

INDEPENDENT SCHOOL DISTRICT NO. 197

PHYSICAL EXAM FORM

STUDENT _____ DATE OF BIRTH _____

EXAMINATION	TESTS	MEASUREMENTS
Indicate Normal (N) or Abnormal (AB) If Abnormal include comments	Indicate Normal (N) or Abnormal (AB) If Abnormal include comments	Give exact value
Skin/lymph _____	Hemoglobin _____	Blood Pressure _____
Eyes _____	Urine _____	Height _____
Ears _____	Other _____	Weight _____
Nose _____	(Specify) _____	Vision R 20/ _____ L 20/ _____
Mouth _____		Eyeglasses Yes _____ No _____
Throat _____		Hearing R _____ L _____
Neck _____		With Hearing aid Yes _____ No _____
Lungs _____		
Abdomen _____		
Genital/Urinary _____		
Orthopedic/feet _____		
Neurological _____		
Speech _____		
Other (Specify) _____		

HEALTH CLASSIFICATION FOR SCHOOL PROGRAM

_____ Is in excellent health and able to participate in the entire school program.

_____ There is a condition which may limit participation (Circle any that apply)

Classroom Activities _____ Physical Education _____

Ongoing Therapies and Medications: (Specify type and dose) _____

Allergies: _____

COMMENTS _____

SIGNATURE and TITLE of EXAMINER _____ Date _____

Examiner Phone _____

IMMUNIZATION RECORD

Please use form on back to document all immunizations

New Immunization Laws for Schools, Child Care, and Early Childhood Programs Begin September 2014

On Sept. 1, 2014, changes to Minnesota's Immunization Law will take effect. The changes were made to be more closely aligned with the current Advisory Committee on Immunization Practices (ACIP) recommendations. Medical and conscientious exemptions are still allowed under the law.

New Vaccine Requirements

The new vaccines that will require documentation of immunization or a legal exemption include:

- **Hepatitis B** – For all children over 2 months old enrolled or enrolling in child care or an early childhood program.
- **Hepatitis A** - For all children over 12 months old enrolled or enrolling in child care or an early childhood program.
- **Tdap** - For all students entering seventh grade. Students in eighth through 12th grade must show documentation if the school requests it. *This replaces the Td immunization requirement.*
- **Meningitis (meningococcal)** - For all students entering seventh grade. Students entering eighth through 12th grade must show documentation if the school requests it.

Changes to Previous Vaccine Requirements

- **Varicella** – Must have received varicella vaccine by 15 months of age to enroll in child care or early childhood programs. This applies to children turning 15 months old on Sept. 1, 2014 or after.

Additionally, the law clarifies that if a child had varicella disease:

- Before 2010, the parent or guardian needs to provide the month/year of the disease and their signature. A provider's signature is not required.
- After 2010, a provider's signature is required.
- **Polio and DTaP**– Starting Sept. 1, 2014, children enrolled or enrolling in child care, early childhood programs, and kindergarten through 12th grade and are completing their polio or DTaP series must have had their final:

- **Polio** dose (usually fourth dose) on or after their fourth birthday
- **DTaP** dose (usually fifth dose) vaccine on or after their fourth birthday.

Children who are considered to have completed the polio and DTaP series by Sept. 1, 2014, or who are previously determined to have completed the polio and DTaP series are exempt. This change will impact incoming kindergartners for the 2015-16 class and beyond.

- **Kindergarten through 12th grade** - The immunization law now specifies that students in all grades have documentation for all required vaccines. If the school requests immunization records for any student (K-12), parents must comply by providing the immunization dates or a legal exemption. The requirement for schools to report compliance at kindergarten and seventh grade to MDH remains unchanged.

Early Childhood Programs Now Included

New to Minnesota's Immunization Law are early childhood programs which include programs that provide instructional or other services to support children's learning and development and:

- Serve children from birth to kindergarten.
- Meet at least once a week for at least six weeks or more during the year.

Children enrolled or enrolling in these types of programs must provide proof of immunizations or have a legal exemption for:

- | | |
|---------|------------------------------|
| • DTaP | • Varicella |
| • Polio | • Pneumococcal (2-24 months) |
| • MMR | • Hepatitis A |
| • Hib | • Hepatitis B |

Note: Early Childhood Special Education (ECSE) was previously included in the Immunization Law.

For more information

Visit www.health.state.mn.us/immunize (click on Immunization Laws in the left-hand column) or call the Immunization Program at 651-201-5503, 1-800-657-3970.

Are Your Kids Ready?

What Minnesota's Immunization Law Requires

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^③ For Kindergarten	Age: 7 through 11 years For 1 st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑦ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓tetanus and diphtheria containing doses ^⑥	✓Tdap ^⑧ & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑨ ✓ & booster
Pneumococcal ^① ✓✓✓✓			
Varicella ^② ✓	Varicella ^② ✓✓	Varicella ^② ✓✓	Varicella ✓✓

Immunizations recommended but not required:

COVID-19

For all children age 12 years and older

Influenza

Annually for all children age 6 months and older

Rotavirus

For infants

Human papillomavirus

At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ One dose of Tdap is required beginning at 7th grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td).
- ⑨ One dose is required beginning at 7th grade. The booster dose is given at 16 years.

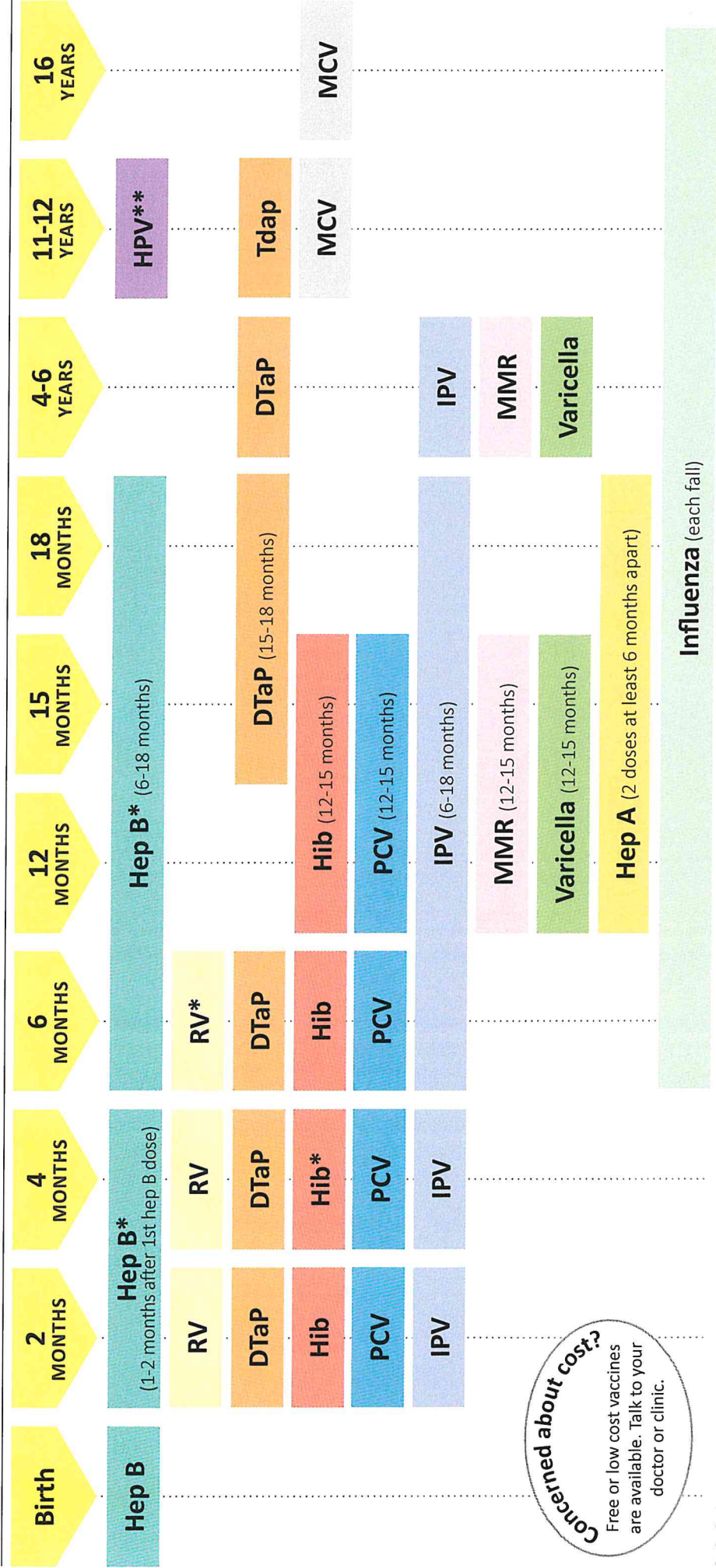
Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

When to Get Vaccines, Birth to 16 Years

(CDC's Recommended Immunization Schedule)



It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The number of doses depends on the product your doctor uses.

**Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.

For copies of your child's vaccination records, talk to your doctor. Additional tips for finding records are available at **Find My Immunization Record** (www.health.state.mn.us/people/immunize/miic/records.html) or you can call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

DTaP/Td	= diphtheria, pertussis, tetanus	Hib	= Haemophilus influenzae type b
Hep B	= hepatitis B	Hep A	= hepatitis A
MMR	= measles, mumps, rubella	IPV	= polio
		PCV	= pneumococcal
		RV	= rotavirus
		MCV	= meningococcal

Immunization Program
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

No Shots No School

Got Your Shots?

Local Low Cost Immunization Providers

*If you do not have insurance or a primary care clinic,
call these providers for dates, times and cost.*

Dakota County Public Health Clinics

- Call 952-891-7999 for clinic place and time

Ramsey County Public Health Clinics

- Call 651-266-1234 for clinic place and time

Park Nicollet Clinic – No Shots, No School Clinic

1885 Plaza Drive, Eagan

- Need form from School Nurse
- Call 952-993-4001 for appointment with injection nurse
- If you have insurance, bring information to appointment

Minute Clinics – various metro locations

- Open convenient hours – call 866-389-2727 for times, locations and insurance plans
- No varicella (chicken pox) vaccine available

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months

12 - 24 months

At Kindergarten

At 7th grade

At 12th grade

Vaccine

Hepatitis B						
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)						
Haemophilus influenzae type b (Hib)						
Pneumococcal (PCV)						
Polio						
Measles, Mumps, Rubella (MMR)						
Chickenpox (varicella)						
Hepatitis A						
Tetanus, Diphtheria, Pertussis (Tdap)						
Meningococcal (MCV4)						

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.



Immunization Program (2019)
www.health.state.mn.us/immunize

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

Notary Stamp

by _____
(name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)



Student Name _____ Male _____ Female _____ Date of Birth _____ Grade _____
(First/Middle/Last)
Wears glasses/contacts _____ (yes/no)

Health Conditions: Please check any that your child has or had:

- | | | | |
|--|---|---|--------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cancer | <input type="checkbox"/> Juvenile Arthritis | Other: _____ |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Chicken Pox History | <input type="checkbox"/> Meningitis/Encephalitis | |
| <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nosebleeds/frequent | |
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Ear or hearing problems | <input type="checkbox"/> Seizures/Epilepsy | |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Eczema/skin conditions | <input type="checkbox"/> Sore throat (frequent) | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Eye Problems/poor vision | <input type="checkbox"/> Speech difficulties | |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Gastrointestinal Issues | <input type="checkbox"/> Toothaches/dental problems | |
| <input type="checkbox"/> Bone/Joint problems | <input type="checkbox"/> Headache/Migraines | <input type="checkbox"/> Urinary tract infections | |
| <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Wetting (day or night) | |

Illness, Injuries and Hospitalizations (please explain): _____

Current Health: _____

Allergies: If your child has any food or environmental allergies, please list here. If life-threatening, please obtain the Allergy Anaphylactic Care Plan from the Health Office for school emergency care plan.

Allergy	Reaction	Treatment

Medications: Describe medicine your child takes regularly. If your child must take medications at school, please obtain the Medication Administration Authorization Form from the health office to be completed by you and your child's doctor.

Medication	Dose	Reason	How often	What time

Please add any comments or concerns you have about your child's health, development, behavior, or family home life that you would like the school to be aware of: _____

If you have questions or concerns about your child's health that you would like to discuss with the school nurse, please indicate here: _____

Parent/Guardian Signature _____

Date completed _____



CONSENT TO SHARE STUDENT HEALTH DATA

Under Federal and State law a student's health record is classified as private data. Your signature on this form will allow school health services staff to share your child's health concerns with appropriate school personnel who have direct contact with your student during the school day.

Sharing of health information provides for your child's health and safety while at school. You may refuse to sign this form and supply personal health information. There is no consequence for not providing information but it may result in an incomplete health and safety plan for your child. Information will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision 2)

Student Name _____

Birth Date _____

Student Health Concern/s _____

My signature indicates that I have read the above form and give written consent to allow the school health staff to share the above student's health concerns with appropriated school staff.

Parent/Guardian Signature _____ Date _____