

Scotch Plains-Fanwood Public Schools
512 Cedar Street
Scotch Plains, NJ 07076

Dear Parents/Guardians,

Welcome to the Scotch Plains–Fanwood Public Schools!

We look forward to working with you and your child in the coming year. In order to ensure the safety of all our students, your collaboration is very important. Please refer to the following guidelines regarding the information that you must submit prior to your child starting school.

Medical Requirements

- The Scotch Plains–Fanwood Board of Education requires each new student, entering the district, to submit proof of a physical examination in accordance with NJ State Administrative Code 6A:16.2.
- Each new student and current preschool student enrolling in kindergarten must also have proof of the immunizations required, in accordance with NJ State Administrative Code 8:57-4, unless there are special circumstances. If your child has not received their immunizations due to medical or religious reasons, or you have recently moved into the state/country please contact us for the necessary paperwork.
- If your child is transferring from another country, or was born outside of the United States, please contact us about the possible need for a Tuberculin test.
- In the event your child has a food allergy or medical concern that would require medication to be administered at school, please contact your school nurse for the necessary paperwork to maintain your child’s health during the school year.

All students entering the Scotch Plains–Fanwood Public Schools for the first time should have the following forms completed *prior* to the first day of school:

- 1) The **Universal Child Health Record** regarding physical examination, immunizations, medical conditions and preventive health screenings completed by your **child’s physician**.

* Please note that immunization records **must** be on file in the Health Office before your child can begin school, unless there are special circumstances that have already been cleared by the building nurse.

- 2) The district **Student & Family Health Questionnaire** form completed by the **parent/guardian**.

Please call us with any questions or concerns.

Sincerely,
The SPF School Nurses

Ms. Paine
Brunner
889-2148

Mrs. Cappadoccia
Coles
757-7555

Mrs. Tomasulo
Evergreen
889-5331

Mrs. Ward
McGinn
233-7950

Ms. Meyer
School One
322-7731

Ms. Lambo
Ms. Pope
Terrill
322-5215

Mrs. Dinegar
Ms. Coyle
Park
322-4445

Mrs. McNally
Mrs. McCarthy
Mrs. McArdle
SPFHS
889-8600

This page has been left intentionally blank.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____	
Parent/Guardian Name _____		Home Telephone Number () -	Work Telephone/Cell Phone Number () -
Parent/Guardian Name _____		Home Telephone Number () -	Work Telephone/Cell Phone Number () -
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)	_____
		Height (must be taken within 30 days for WIC)	_____
		Head Circumference (if <2 Years)	_____
		Blood Pressure (if ≥3 Years)	_____

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
----------------------	---

MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.	
Name of Health Care Provider (Print) _____	Health Care Provider Stamp: _____
Signature/Date _____	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS



**NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program**

Summary of NJ Child Care/Preschool Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ child care/preschool.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

At this age the child should have received the following vaccines:	2 months	4 months	6 months	12 months	15 months	18 months	19 months	20-59 months
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose#3		
<i>Haemophilus influenzae</i> type b (Hib)	Dose #1	Dose #2		1-4 doses [†] (see footnote)		At least 1 dose given on or after the first birthday		
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses [†] (see footnote)	At least 1 dose given on or after the first birthday			
Measles, mumps, rubella (MMR)					Dose #1 [‡]			
Varicella (VAR)							Dose #1 [§]	
Influenza (IIV; LAIV)			One dose due each year ^l					

***Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS

† **Haemophilus influenzae type b (Hib) and pneumococcal (PCV)** vaccines are special cases. If a child started late with these vaccines he/she may need fewer doses. One dose of each is required on or after the first birthday in all cases.

Please Note: The use of combination vaccines may allow students to receive the 1st birthday booster dose of Hib between 15-18 months of age.

‡ **MMR vaccine may be given as early as 12 months of age,** but NJ requires children to receive the vaccine by 15 months of age. Prior to age 15 months, a child may enter preschool/child care without a documented dose of MMR.

§ **Varicella vaccine may be given as early as 12 months of age,** but NJ requires children to receive the vaccine by 19 months of age. Prior to age 19 months, a child may enter preschool/child care without a documented dose of varicella. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as the parent can provide the school with one of the following: 1. documented laboratory evidence showing immunity (protection) from chickenpox, 2. a physician's written statement that the child previously had chickenpox, or 3. a parent's written statement that the child previously had chickenpox.

Seasonal Flu: The current seasonal influenza vaccine is required every year for those children 6 months through 59 months of age. Students who have not received the flu vaccine by December 31 must be excluded (not allowed to attend child care/preschool) for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine or until they turn 60 months of age. Children entering child care/preschool after December 31, must provide documentation of receiving the current seasonal flu vaccine. Students entering child care/preschool after March 31 are not required to receive the flu vaccine; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

NOTE: NJ also accepts valid medical and religious exemptions (reasons for not showing proof of immunizations) as per the NJ Immunization of Pupils in School regulations, (N.J.A.C. 8:57-4). Children without proof of immunity as defined by ACIP, including those with medical and religious exemptions, may be excluded from a school, preschool, or child care facility during a vaccine preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. In addition, anybody having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable disease, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

For more information, please visit “NJ Immunization Requirements Frequently Asked Questions”, at the following link:
https://nj.gov/health/cd/imm_requirements/

Updated: 9/2020

***Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.



**NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program**

Summary of NJ School Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ school.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine						
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
Kindergarten– 1st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses [†]	A total of 3 doses with one of these doses given on or after the 4 th birthday <u>OR</u> any 4 doses [‡]	2 doses [§]	1 dose ^l	3 doses	None	None
2nd – 5th grade	3 doses <i>NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td. For use of Tdap, see footnote. [†]</i>	3 doses	2 doses	1 dose	3 doses	None	See footnote [†]
6th grade and higher	3 doses	3 doses	2 doses	1 dose	3 doses	1 dose required for children born on or after 1/1/97 <u>given no earlier than ten years of age</u> [¶]	1 dose required for children born on or after 1/1/97 [¶]

* If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally.

†**DTaP:** Children who previously attended child care/preschool should have received 4 doses since the requirement to receive the fourth birthday booster dose (5th dose) does not apply until the child attends Kindergarten. However, if one of these 4 doses was given on or after the 4th birthday, this child will not need an additional dose for Kindergarten. Alternatively, any 5 doses are acceptable.

- **Persons aged 7 years and older who are not fully immunized with DTaP vaccine** should receive Tdap vaccine preferably as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. Per the ACIP, a child who receives a dose of Tdap between 7 through 10 years of age as part of the catch-up series should receive another dose of Tdap at age 11 or 12 years. However, NJDOH would not require another dose of Tdap for school attendance. For additional information, please visit <http://www.immunize.org/catg.d/p2055.pdf>.

‡**Polio:** Children who previously attended child care/preschool should have 3 doses since the requirement to receive the fourth birthday booster dose (4th dose) does not apply until the child attends Kindergarten. However, if one of these 3 doses was given on or after the 4th birthday, this child will not need an additional dose for Kindergarten. Alternatively, any 4 doses are acceptable.

§**MMR:** A child is required to receive two doses of measles, one dose of mumps, and one dose of rubella once he/she enters Kindergarten. Since single antigen (separate components of the vaccine) is not readily available, most children will have two MMR vaccines.

The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health (NJDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine. For more information, please visit http://nj.gov/health/cd/documents/antibody_titer_law.pdf.

‡**Varicella** vaccine is only required for children born on or after January 1, 1998. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as a parent can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's written statement that the child previously had chickenpox, or 3) A parent's written statement that the child previously had chickenpox.

‡**Meningococcal and Tdap** vaccines are required for all entering 6th graders who are 11 years of age or older. If in 6th grade and under age 11, students must receive the vaccines within 2 weeks of their 11th birthday. Meningococcal (MenACWY) vaccines administered at age 10 or older will be accepted for NJ school attendance.

NOTE: NJ also accepts valid medical and religious exemptions (reasons for not showing proof of immunizations) as per the NJ Immunization of Pupils in School regulations, (N.J.A.C. 8:57-4). Children without proof of immunity as defined by ACIP, including those with medical and religious exemptions, may be excluded from a school, preschool, or child care facility during a vaccine preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. In addition, anybody having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable disease, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

For the complete list of "NJ Immunization Requirements Frequently Asked Questions", please visit https://nj.gov/health/cd/imm_requirements/.