

Millburn Township Public Schools
Department of Special Services
Health Policy Requirements

The school health policy established by the Board of Education, following New Jersey state statutes, requires **All New** pupils and each student in grades PreK, K, 7 & 10, to be examined by their physician.

IMMUNIZATION RECORDS MUST BE RECEIVED BEFORE THE FIRST DAY OF ATTENDANCE. In addition, the Student Health Profile Form or the equivalent form from your physician, is to be returned to the school office within the first month of attendance or the student will be removed from school.

- **Kindergarten and PreK:** Proof of current immunizations must be presented at the time of registration. Any updated immunization records must be returned before first day of school. The completed Health Profile must be returned within one month of entry.
- **New Students:** Proof of current immunizations must be presented at the time of registration. Any updated immunization records must be returned before first day of school. The completed Health Profile must be returned within one month of entry.
- **Students in grades 7 & 10:** The completed Health Profile must be returned to the school nurse by November 1 of that school year.

Immunizations: All students must have proper immunizations. The immunization requirements are as follows:

- **HIB (Haemophilus Influenzae B)**
Children under 59 months of age and in preschool must have 1-3 doses of Haemophilus influenza b (Hib). Age 2-11 months: 2 doses. Age 12-59 months: 1 dose
- **DIPHTHERIA, TETANUS AND PERTUSSIS (DTP)**
A minimum of 4 doses; the last of which must have been given on or after the 4th birthday.
- **Tdap**
1 dose required for Grade 6 or comparable age level for special education programs. A child is not required to have Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
- **POLIO VACCINE**
A minimum of 3 doses; one dose must have been given on or after the 4th birthday, OR any 4 doses.
- **MEASLES, MUMPS AND RUBELLA (M.M.R.)**
Two Measles, Mumps, Rubella, (MMR) must be given. The first must be given on or after the first birthday and the second at least one month later.
- **HEPATITIS B VACCINE**
Three (3) doses must be completed before entering school. (If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B, then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.)
- **VARICELLA**
One dose. Proof of Chicken Pox disease may also be accepted.
- **MENINGOCOCCAL**
Entering Grade 6: 1 dose
- **INFLUENZA**
Required annually for all Preschool students ages 6 months through 59 months of age. Students who do not receive the vaccine by December 31 will be excluded from school for the duration of influenza season.
- **PNEUMOCOCCAL**
Age 2-11 months: 2 doses. Age 12-59 months: 1 dose

TUBERCULOSIS TESTING: NJ requires that students from certain countries must have a Mantoux Test at the time of the physical examination. The school nurse will contact you if tuberculin testing is required.

DENTAL EXAMINATION: All students entering Pre-K, Kindergarten and New students should receive a dental examination by their dentist. The **Report of Dental Examination** must be returned to the school nurse within one month of entering school.

School nurses will conduct the following health screening programs for students at the grades indicated:

| | | | |
|--------------------|--------------|------------|---------------------|
| Height and Weight: | K through 12 | Vision: | 1, 3, 5, 7, & 10 |
| Blood Pressure: | K through 12 | Hearing: | K through 3, 7 & 10 |
| | | Scoliosis: | 5, 7, 9 & 11 |

If you have any questions regarding any of the above, please contact the nurse at your child's school.

(10/24/16)

**MILLBURN TOWNSHIP PUBLIC SCHOOLS
STUDENT HEALTH PROFILE**

Please have this form completed and signed by your child's pediatrician. Immunization records must be received before the first day of attendance. In addition, this form, or the equivalent form from your physician, is to be returned to the school office within the first month of attendance or the student will be removed from school. For students in grades 7 & 10, the completed form must be returned by November 1 of that school year.

Alternatively, you may attach this form to a printout from your doctor's office that includes a record of a recent physical examination and required immunizations.

| | | | |
|--|--------|--|--|
| Student Name _____ | | Gender M _____ F _____ | |
| Birthdate ____/____/____ <small>(mm/dd/yyyy)</small> | | School _____ Grade _____ | |
| | NORMAL | ABNORMAL | EXPLAIN ABNORMALITIES |
| General | | | HT _____ WT _____ BP _____ Scoliosis _____ |
| Speech | | | |
| Vision | ----- | ----- | Color Deficient Y / N Vision L: _____ R: _____ Both: _____ |
| Hearing | ----- | ----- | Pass Y / N L: _____ R: _____ Referred: Y / N |
| Glands | | | |
| Heart | | | Rate _____ Murmur _____ |
| Lungs | | | |
| Abdomen | | | |
| Hernia | | | |
| Genitalia | | | |
| Extremities | | | Gait _____ |
| Other | | | |
| History of Illness or Surgery: | | | |
| Chronic Condition(s): | | | |
| Allergies: | | | |
| Medication(s): | | | |
| Conditions(s) which may affect the student's performance: | | | |

IMMUNIZATION REQUIREMENTS

For **NEW STUDENTS**, & Students Entering **GRADES PRE-K, K, 7 & 10** -- Date of Immunization Must Include Month, Day, Year

| D.P.T. SERIES | POLIO SERIES | HEPATITIS B SERIES |
|-------------------------|------------------------------------|--|
| 1 st : | 1 st : | 1 st : |
| 2 nd : | 2 nd : | 2 nd : |
| 3 rd : | 3 rd : | 3 rd : |
| 4 th : | 4 th : | |
| Booster: | | Varivax: (1): _____ (2): _____ |
| Date: | M.M.R (1): _____ M.M.R. (2): _____ | |
| Date: | Measles | Influenza (PreK): _____ |
| Haemophilus Influenza B | Mumps | Pneumococcal (PreK): _____ |
| Date(s): | Rubella | Tdap (Gr. 6): _____ |
| Other Vaccines: | | Meningococcal (Gr. 6): (1): _____ (2): _____ |

TUBERCULOSIS TESTING: N.J. requires that students from certain countries must have a Mantoux Test at the time of the physical examination. The school nurse will contact you if tuberculin testing is required.

Mantoux Test Date: _____ Result: _____ MM Report of Chest X-Ray _____ Date: _____

Physician's Signature _____ Exam Date: _____ Telephone: _____

PHYSICIAN'S STAMP

MILLBURN TOWNSHIP PUBLIC SCHOOLS
MILLBURN, NEW JERSEY

REPORT OF DENTAL EXAMINATION

PUPIL'S NAME _____

SCHOOL _____ GRADE _____ HOMEROOM _____
TEACHER _____

To Parents and Guardians:

In compliance with Millburn School Health Policy, **all students entering Pre-K, Kindergarten, or New Students** should receive a dental examination by their family dentist. This office examination using proper lighting and equipment is essential to a thorough analysis of dental needs. Please take your child to your dentist, have this form completed, and return it to the school nurse within **one month** of entering school.

TO THE DENTIST: (Please indicate your findings)

1. Teeth in good condition
2. Treatment needed
3. Treatment is in progress
4. Orthodontia

Dentist _____ Date _____

DENTIST'S STAMP