

Fair Lawn Board of Education
Nursing Department
37-01 Fair Lawn Avenue
Fair Lawn, NJ 07410



Dear Parent/Guardian of Incoming Kindergarten Students,

Welcome to Fair Lawn Public Schools!

NJ Administrative Code citation 8:57-4.1 to 8:57-4.20 mandates each student meet certain requirements when entering a New Jersey school. These requirements are listed below in order to make your child's entry into the Fair Lawn School District as easy as possible. The enclosed packet contains the necessary papers which need to be completed and returned to the nurse before your child can begin attending classes.

Please notify the nurse if you have any questions or concerns regarding your child's health status.

Thank you for your cooperation!

Health Assessment Requirements for Entry into Fair Lawn Schools

Entrance physical examination: Every new kindergarten student must have a current physical examination on file dated within one year of your child's first day of kindergarten. The attached form may be used.

Immunization records: All incoming kindergarten students **must provide a copy of required immunizations upon entry.** If this requirement is not met, your child will not be allowed to begin kindergarten.

Mantoux (PPD) testing: Students transferring or born in certain countries with a high incidence of tuberculosis as deemed by the state will be required to have a Mantoux (PPD) skin test for tuberculosis. You may have this test done by your private physician or the school nurse.

**THESE FORMS MUST BE COMPLETED AND RETURNED TO THE SCHOOL NURSE AT KINDERGARTEN REGISTRATION.
THANK YOU AND WELCOME TO FAIR LAWN.**

FAIR LAWN PUBLIC SCHOOLS
FAIR LAWN, NEW JERSEY 07410

HEALTH EXAMINATION

Pupil _____ DOB _____ School _____ Gr/Sec _____

Initial Series (only for kindergarten and new pupils)

DPT _____
Polio _____
Measles _____
Rubella _____
Mumps _____
Hib _____
Pevnar _____
Menactra _____

Boosters

DPT/DT/DTaP _____
Polio _____
MMR _____
Hepatitis A _____
Varivax _____
Hepatitis B _____
Flu _____

Mantoux: _____ Date _____ Results _____ X-Ray Date _____ Results _____

*** (Only Mantoux is acceptable by State law) ***

Height _____ Weight _____ B/P _____

BMI for age is: _____ normal (5%-85%) _____ underweight (<5%) _____ at risk for overweight (>85%) _____ overweight (>95%)

Hearing Rt. _____ Left _____ Vision Rt. _____ Left _____

Examination reveals the following significant findings:

Nutrition _____	Throat _____	Abdomen _____
Skin _____	Glands _____	Genito-Urinary _____
Eyes _____	Heart _____	Hernia _____
Ears _____	Lungs _____	Orthopedic _____
Nose _____		

Allergies _____ Scoliosis Screening (Ages 10-18) _____
Operations (Dates) _____ Injuries (Dates) _____
Illnesses (Dates) _____

Supplemental Information – Must be Completed

1. History of syncope, concussion, skull fracture, or sequelae? _____ Yes _____ No
2. Serious visual defect or loss of vision in one eye? _____ Yes _____ No
3. Hernia, hydrocele, or loss of a kidney or testicle? _____ Yes _____ No
4. Previous joint injuries not healed or repaired? _____ Yes _____ No

General physical and emotional status _____

Does this pupil take medication regularly? No _____ Yes _____ (if yes, complete portion below)

Purpose of medication (Diagnosis) _____

Medication: _____ Dosage _____

When is medication administered? _____

Possible effects of medication on behavior and/or ability to perform at school _____

RECOMMENDATIONS FOR ANY ADJUSTMENT IN SCHOOL PROGRAM SHOULD BE NOTED BELOW:

_____ is in _____ condition and may safely engage in all usual activities, except as noted.

Date Examined

Physician's Signature

Physician's Printed Name

Physician's address and telephone number

**FAIR LAWN PUBLIC SCHOOLS
FAIR LAWN, NEW JERSEY 07410
HEALTH INFORMATION**

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE

Student's Name: (LAST) _____ (FIRST) _____ (M.I.) _____ (Grade) _____

Student's Date of Birth: _____ Sex: ()M ()F State or Country of Birth: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Mother's Name/Legal Guardian : _____ Home Phone: _____ Cell Phone: _____ Wk: Phone _____

Father's Name/Legal Guardian: _____ Home Phone: _____ Cell Phone: _____ Wk: Phone _____

Others who may be contacted to pick up your child if you are unable to be reached: (Please list two)

Name: _____ Home Phone: _____ Cell Phone: _____ Wk. Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____ Wk. Phone: _____

Student's Medical Provider: _____ Address: _____ Phone: _____

Additional Medical Specialists: _____ Address: _____ Phone: _____

Does your child have health insurance? () No* () Yes - Name of Ins. Co.: _____

*** NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. Please contact 1-800-701-0710 or visit www.njfamilycare.org to apply. We may release your name to the NJ Family Care Program to contact you regarding health insurance.**

My child has a medical, emotional or behavioral condition that may affect his/her school day: () No () Yes -please describe: _____

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD

ALLERGIES - If box is checked please list type and reaction:

Allergy Type:

Food (list food(s)) _____

Reaction: _____

Insect Sting (list insect(s)) _____

Reaction: _____

Medication (list medication(s)) _____

Reaction: _____

Other (list other) _____

Reaction: _____

Medications Prescribed:

Oral antihistamine (Benadryl, etc.) Epi-pen Epi-pen Jr. Other: _____

ASTHMA

- ENVIRONMENTAL (I.E., TOBACCO, DUST, PETS, POLLEN , ETC.) _____
- WEATHER: (I.E. HEAT, COLD, HUMIDITY) _____
- EXERCISE: YES NO
- OTHER: (I.E. SPRAYS, SMELLS) _____

Medications Prescribed: _____

SEIZURE DISORDER:

Type: Absence Complex Partial Generalized/ Tonic Clonic Other: _____

Physical Education Restrictions Per MD: No Yes - _____

Date of Last Seizure: _____ Hospitalized: No Yes

Medications Prescribed: _____

OTHER HEALTH OR EMOTIONAL CONDITIONS: Please check all that apply:

- anemia anxiety Add/Adhd behavioral cancer cerebral palsy chicken pox cystic fibrosis
- depression digestive disorders hemophilia heart juvenile rheumatoid arthritis speech
- sickle cell skin disorders other - *explain* _____

Medications Prescribed: _____

Has your child ever had any hospitalizations? _____

Has your child ever had any fractures, if so please list? _____

Does your child have an IEP or 504 Plan? NO YES -Explain _____

SPECIAL PROCEDURES REQUIRED: (I.E. CATHETERIZATION, OXYGEN, GASTROSTOMY CARE, TRACHEOSTOMY CARE, ETC.)

NO YES (explain) _____

VISION CONDITIONS:

- Contacts/Glasses _____
- Other _____

HEARING CONDITIONS:

- Hearing aid (s) _____
- Other _____

Is there any other information that you wish to share with us?

Parent/Legal Guardian Signature

Date

The school nurse may share any and all health information necessary with the faculty unless instructed otherwise.

FAIR LAWN PUBLIC SCHOOLS
Fair Lawn, New Jersey

SCHOOL HEALTH SERVICES DEPARTMENT

ENTRANCE DENTAL HEALTH EXAMINATION

Name: _____

Address: _____

School: _____

PARENTS:

Your child's dental health is an important factor in his ability to secure the maximum benefits from his education.

The teeth and the other structures of the mouth are important at any age, but especially in the child, where the jaws are growing and changing.

The first (or baby) teeth last long past infancy. They must help the child chew, speak, and smile until he is about ten or eleven years old.

In order to give your child the advantage of beginning his school life free of dental problems, we ask that you have your family dentist examine the child and complete this form.

*****Please return the completed form to the school.*****

I have examined _____ and dental defects are being corrected.

Date

Dentist Signature

Dentist address

FAIR LAWN PUBLIC SCHOOLS
Fair Lawn, New Jersey

SCHOOL HEALTH SERVICES DEPARTMENT

Dear Parents:

Eye examinations and eye care for pre-school and kindergarten children are especially important to help assure a lifetime of good vision. Early detection and treatment might prevent vision problems which could handicap your child's learning.

If you have not already done so, we urge you to have a complete eye examination done by your family eye doctor.

Name of Pupil _____ School _____

EXAMINER: Please complete and give to parent to return to the school nurse.

Diagnosis: _____

Vision - without correction: O.D. _____ O.S. _____

With correction : O.D. _____ O.S. _____

Muscle Balance _____

Glasses needed: No _____ Yes _____ Constantly _____

Close work only _____

Distance only _____

Comments and recommendations: (Preferential seating, sight-saving aids, date of return visit, etc.)

Date of examination

Signature of Examiner

Address

New Jersey Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

Disease(s)	Meets Immunization Requirements	Comments
DTaP//DTP	<p><u>Age 1-6 years:</u> 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. <u>Age 7-9 years:</u> 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.</p>
Tdap	<p><u>Grade 6</u> (or comparable age level for special education programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</p>
Polio	<p><u>Age 1-6 years:</u> 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. <u>Age 7 or Older:</u> Any 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either Inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.*</p>
Measles	<p>If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**</p>
Rubella and Mumps	<p>1 dose of live mumps-containing vaccine on or after the first birthday. 1 dose of live rubella-containing vaccine on or after the first birthday</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable.**</p>
Varicella	<p>1 dose on or after the first birthday</p>	<p>All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.</p>
Haemophilus influenzae B (Hib)	<p><u>Age 2-11 Months:</u> 2 doses <u>Age 12-59 Months:</u> 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday. ***</p>
Hepatitis B	<p><u>K-Grade 12:</u> 3 doses or <u>Age 11-15 years:</u> 2 doses</p>	<p>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.</p>
Pneumococcal	<p><u>Age 2-11 months:</u> 2 doses <u>Age 12-59 months:</u> 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday. ***</p>
Meningococcal	<p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. *** This applies to students when they turn 11 years of age and attending Grade 6.</p>
Influenza	<p><u>Ages 6-59 Months:</u> 1 dose annually</p>	<p>For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.</p>

New Jersey Department of Health

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

*** Footnote:** The requirement to receive a school entry booster dose of DTP or DTaP after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

The requirement to receive a school entry dose of OPV or IPV after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

**** Footnote:** Antibody Titer Law (Holly's Law)—This law specifies that a titer test demonstrating immunity be accepted in lieu of receiving the second dose of measles-containing vaccine. The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified.

***** Footnote:** No acceptable immunity tests currently exist for Haemophilus Influenzae type B, Pneumococcal, and Meningococcal.

Please Note The Following:

The specific vaccines and the number of doses required are intended to establish the minimum vaccine requirements for child-care center, preschool, or school entry and attendance in New Jersey. These intervals are not based on the allotted time to receive vaccinations. The intervals indicate the vaccine doses needed at earliest age at school entry. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP), as periodically revised, for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified.

Serologic evidence of immunity (titer testing) is only accepted as proof of immunity when no vaccination documentation can be provided or prior history is questionable. It cannot be used in lieu of receiving the full recommended vaccinations.

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Grace Periods:

- **4-day grace period:** All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school, or child care facility.
- **30-day grace period:** Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

Health Office

The health and safety of all students is paramount in the Fair Lawn school district. The staff of the Health Office tries to ensure that every student is functioning at their optimal level of health. We want to enable all students to work to the best of their ability in the classroom.

It is requested that you keep your child at home if he or she shows evidence of any of the following:

Flushed face or other signs of fever, such as complaints of a headache

Runny nose, persistent cough, sneezing or other signs of a cold

Sore throat, earache, or swollen glands

Vomiting, nausea or failure to eat a normal breakfast

Unexplained skin rashes

Sores on the skin, especially if moist, oozing, or encrusted

Unusual drowsiness or listlessness

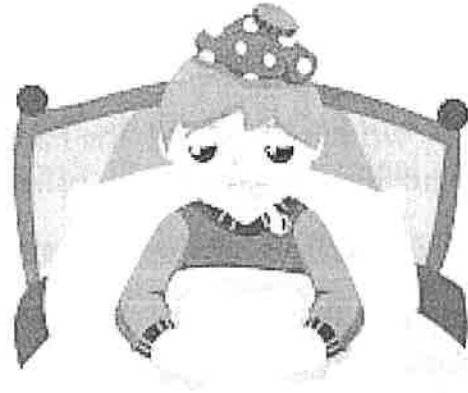
In order to return to school, our district policy is that your child **must be FREE** from vomiting, diarrhea, or fever (without fever-reducing medication) for 24 hours. **If your child has vomited or had diarrhea, they must stay home the next day.**

Students with inflamed or pink eye(s) will be excluded. They must remain out of school until they have been on medication for at least 24 hours **or** they have a physician's note stating that they are no longer contagious.

Physical Examination

All new students and kindergarten entrants are required to have a current physical examination and complete immunizations (as required by NJ state law.) It is recommended that students in fourth grade also have a physical exam.

According to state guidelines, annual auditory screenings are conducted for all children in grades K-3. Vision is checked biannually in grades K-4. Screenings will also be done throughout the year at the request of the teacher or parent. Height, weight and blood pressure measurements are done each year. Fifth grade students are also screened for scoliosis.



Parents are encouraged to contact the Health Office regarding any medical concerns they may have regarding their child's health. Please remember to keep us advised of any changes in your home, emergency contact or work phone numbers. If your child should become ill, these phone numbers are our only means of reaching you regarding your child's condition.

Medications-

Must be brought to and picked up from the health office by parent only as per district policy.

Do not send it in with your child

Three requirements are necessary for medication to be administered during school hours.

1. A physician's written order with the name, dosage and purpose of the medication (med forms are available from the health office, please request one if needed)
2. Written permission from the parent/guardian to administer the medication.
3. The medication in the original container (with prescription label if appropriate) with the student's name on it.

Students are not permitted to take medication unsupervised. If you come to school to medicate your child, it must be done in the Health Office. Students are not allowed to carry any medication.

These requirements apply to both prescription and over-the-counter medications. Cough drops are considered an over-the-counter medication and follow the above requirements.

Physical Education Excuses

If your child should go to the doctor for an illness or injury, please obtain a note stating why and that the child is cleared to return to school.

All students requesting to be excused from Physical Education class must bring a note from the parent or doctor to the nurse at the start of the school day. **A parent's request for exclusion is acceptable for one day only. Any further exclusion requires a physician's note.** The note should indicate the reason for exclusion. **If your child is excused from PE class, they will also be excluded from participating during recess for that same day.**