

WESTON PUBLIC SCHOOLS

Health Services

ELEMENTARY SCHOOL: 203-557-5916
INTERMEDIATE SCHOOL: 203-291-2705
MIDDLE SCHOOL: 203-291-1550
HIGH SCHOOL: 203-291-1680

June 1, 2018

Dear Parent(s)/Guardian(s):

Connecticut General Statutes (C.G.S.) – State Department of Education and Weston School Policy mandate that students provide evidence of the required immunizations (see below) and a health assessment prior to school entry in **Preschool/Kindergarten** and again in the **6th and 9th grades** (to include **hemoglobin/hematocrit**). Also, all new/re-enrolling students must present completed immunizations to include the date and result of a tuberculosis skin test or chest x-ray (as determined by the student's personal physician) and a physical exam within one year in order to be eligible to enroll into the Weston Public School System.

Listed below are the immunization requirements by the State of CT for entry in 2018-2019 school year:

| | | |
|---------------------|---------------|--|
| <u>PRESCHOOL</u> | DTaP: | 4 doses by 18 months |
| | Polio: | 3 doses by 18 months |
| | MMR: | 1 dose on or after the 1 st birthday |
| | Hepatitis B: | 3 doses, last one on or after 24 weeks of age |
| | Varicella: | 1 dose on or after 1 st birthday or verification of disease |
| | Hib: | 1 dose on or after 1 st birthday |
| | Pneumococcal: | 1 dose on or after 1 st birthday |
| | Influenza: | 1 dose administered each year between August 1 - December 31 (2 doses separated by at least 28 days required for those receiving flu vaccine for the first time) |
| | Hepatitis A | 2 doses given 6 months apart, 1 st dose on or after 1 st birthday |
| <u>KINDERGARTEN</u> | DTaP: | At least 4 doses, last dose must be on or after 4 th birthday |
| | Polio: | At least 3 doses, last dose must be on or after 4 th birthday |
| | MMR: | 2 doses at least 28 days apart, 1 dose on or after 1 st birthday |
| | Hepatitis B: | 3 doses, last dose on or after 24 weeks of age |
| | Varicella: | 2 doses at least 3 months apart, 1 st dose on or after 1 st birthday or verification of disease |
| | Hib: | 1 dose on or after 1 st birthday for children less than 5 years old |
| | Pneumococcal: | 1 dose on or after 1 st birthday for children less than 5 years old |
| | Hepatitis A: | 2 doses given 6 months apart, 1 st dose on or after 1 st birthday |
| <u>GRADES 1-5</u> | DTaP/Td: | At least 4 doses, last dose on or after 4 th birthday; students who start the series at age 7 or older only need a total of 3 doses |
| | Polio: | At least 3 doses, last dose on or after 4 th birthday |
| | MMR: | 2 doses at least 28 days apart, 1 dose on or after 1 st birthday |
| | Hep B: | 3 doses, last dose on or after 24 weeks of age |
| | Varicella: | 2 doses at least 3 months apart, 1 st dose on or after 1 st birthday or verification of disease |
| | Hepatitis A: | 2 doses given 6 months apart, 1 st dose on or after 1 st birthday |

GRADES 6

DTaP/Td/Tdap: At least 4 doses, last dose on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses
Polio: At least 3 doses, last dose on or after 4th birthday
MMR: 2 doses at least 28 days apart, 1st dose on or after 1st birthday
Hepatitis B: 3 doses, last dose on or after 24 weeks of age
Varicella: 2 doses on or after 1st birthday or verification of disease

GRADES 7-12

Td/Tdap: 1 dose after completed primary DTaP series; students who start the series age 7 or older need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio: At least 3 doses, last dose on or after the 4th birthday
MMR: 2 doses at least 28 days apart, 1 dose on or after the 1st birthday
Meningoccal: 1 dose
Hepatitis B: 3 doses, last dose on or after 24 weeks of age
Varicella: 2 doses at least 3 months apart, 1st dose on or after 1st birthday; or verification of disease

Enclosed is the (blue) State of Connecticut, Department of Education, Health Assessment Record form. The information in Part I must be completed by the parent/guardian. Part II is the Medical Evaluation/Immunization Record to be completed and signed by your physician. If your child is enrolled in a preschool program, the (yellow) CT Early Childhood Health Assessment form is used. Completed assessments may be brought in or mailed to your child's school during the summer (Attention: Health Office). All completed physical assessments must be returned by the first day of school and must be reviewed by the school nurse for compliance.

Due to safety concerns for other students, students who do not show proof of the required immunizations and a completed health assessment will not be allowed to enter school in August 2018.

Sincerely,



Laura Marks, M.D.
School Medical Advisor



William S. McKersie, Ph.D.
Superintendent of Schools