



Dear Parents,

Massachusetts State law requires a physical examination for all students *entering* kindergarten, fourth Grade, seventh grade, and tenth grade.

The physical exam must be performed within the last year school year. Some physician's offices will print a computerized physical exam record of their own; this is acceptable. Please have your family doctor give you a copy of the physical exam and return it to the school.

If your child already had a physical exam last school year, please call and ask the physician's office to mail the form to the Academy Hill School or send you a copy. Also, you may want to keep a copy of the physical for your own records, for sports physicals, camp forms, etc.

**Additionally, we are asking all families in grades four and seven to request an updated record of immunizations for their child.** I have enclosed a chart that outlines current school regulations in Massachusetts. Your child's pediatrician will also have this information.

**Please submit both records by Friday, September 25, 2020.** If there are any special circumstances, including religious exemptions or physician approved alternative immunization schedules, please contact me over the summer.

Sincerely,

Melissa Earls

Head of School

ENC: Massachusetts School Immunizations Chart

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Massachusetts school immunization requirements are created under authority of [105 CMR 220.000 Immunization of Students Before Admission to School](#)

**Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.**

## Childcare/Preschool<sup>¶†</sup>

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

|             |  |
|-------------|--|
| Hib         | <b>1-4 doses;</b> the number of doses is determined by vaccine product and age the series begins   |
| DTaP        | <b>4 doses</b>   |
| Polio       | <b>3 doses</b>   |
| Hepatitis B | <b>3 doses;</b> laboratory evidence of immunity acceptable   |
| MMR         | <b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable                                      |
| Varicella   | <b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable |

## Grades Kindergarten – 6<sup>¶†</sup>

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

|             |   |
|-------------|---|
| DTaP        | <b>5 doses;</b> 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP   |
| Polio       | <b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose |
| Hepatitis B | <b>3 doses;</b> laboratory evidence of immunity acceptable  |
| MMR         | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable   |
| Varicella   | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable  |

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>¶</sup> Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

<sup>†</sup>Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See page 2 for Grades 7-10, Grades 11-12, and page 3 for College (Postsecondary Institutions)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Grades 7 – 12<sup>†</sup>

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

|             |  |
|-------------|--|
| Tdap        | <b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap |
| Polio       | <b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose                |
| Hepatitis B | <b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable   |
| MMR         | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable  |
| Varicella   | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable   |

## NEW – Meningococcal Requirements

|                       |  |
|-----------------------|--|
| Grade 7               | <b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.  |
| Grade 11 <sup>‡</sup> | <b>2 doses;</b> second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement. |

## Meningococcal Vaccine Phase-In Schedule

|                 | 2020-2021 | 2021-2022    | 2022-2023    | 2023-2024    |
|-----------------|-----------|--------------|--------------|--------------|
| 1 Dose MenACWY  | Grade 7   | Grades 7-8   | Grades 7-9   | Grades 7-10  |
| 2 Doses MenACWY | Grade 11  | Grades 11-12 | Grades 11-12 | Grades 11-12 |

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>†</sup>Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

<sup>‡</sup> Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

### Medical History

### Pertinent Family History

### Current Health Issues

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Y</b>                 | <b>N</b>                 |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies: Please list: Medications _____ Food _____ Other _____                                    |
|                          |                          | History of Anaphylaxis to _____ Epi -Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) _____  |

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

Date of Examination: \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General _____     | <input type="checkbox"/> Lungs _____     | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____        | <input type="checkbox"/> Heart _____     | <input type="checkbox"/> Neurologic _____  |
| <input type="checkbox"/> HEENT _____       | <input type="checkbox"/> Abdomen _____   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ |  |

### Screening:

- |                   |   |                    |   |                               |   |
|-------------------|---|--------------------|---|-------------------------------|---|
|                   | (Pass) (Fail)                                     |                    | (Pass) (Fail)                                     |                               | (Pass) (Fail)                                     |
| Vision: Right Eye | <input type="checkbox"/> <input type="checkbox"/> | Hearing: Right Ear | <input type="checkbox"/> <input type="checkbox"/> | Postural Screening:           | <input type="checkbox"/> <input type="checkbox"/> |
| Left Eye          | <input type="checkbox"/> <input type="checkbox"/> | Left Ear           | <input type="checkbox"/> <input type="checkbox"/> | (Scoliosis/Kyphosis/Lordosis) |   |
| Stereopsis        | <input type="checkbox"/> <input type="checkbox"/> |                    |   |                               |   |

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Vision           | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Fine/Gross Motor Deficit |
| <input type="checkbox"/> Emotional/Social | <input type="checkbox"/> Behavior | <input type="checkbox"/> Other           |   |

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 08/15/13