

**PENNSYLVANIA / ACHD REQUIREMENTS
SCHOOL IMMUNIZATIONS / LEAD LEVEL PROOF***

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization) for **ALL** public, private, cyber and home-school students.

IMPORTANT* Immunizations must be completed prior to August 1 for entry on the first day of school or risk exclusion from school. There will be no provisional enrollment.**

ALL STUDENTS ENTERING SCHOOL need the following vaccines:

- 4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after the fourth birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)
- 2 doses of measles, mumps and rubella (dose #1 after the first birthday, dose #2 at least one month later)
- 3 doses of hepatitis B
- 2 doses of varicella (chicken pox) vaccine **or** written statement from physician/designee indicating month and year of disease or blood test proving history of having the disease

***KINDERGARTEN STUDENTS**: (in addition to the above vaccines) As of January 1, 2018, the ACHD is requiring proof of blood lead level testing of all Kindergarten students. All children are required to have their blood lead level tested prior to entry into kindergarten. This testing is usually done by the pediatrician at 1 and 2 years of age. **Please send proof of the testing with a copy of the child's immunizations.**

Students entering **GRADE 7** (in addition to above vaccines):

- 1 dose of tetanus, diphtheria and acellular pertussis (Whooping Cough) (Tdap)
- 1 dose of meningococcal conjugate vaccine (meningococcal B not accepted)

Students entering **GRADE 12** (in addition to the above vaccines):

- 2nd dose of meningococcal conjugate vaccine (meningococcal B not accepted)

These requirements allow for medical reasons and religious beliefs.

If your child is exempt from immunizations,
he/she may be prohibited from attending school during a disease outbreak.

We are providing you this early notice so you may avoid having your child excluded from school next fall. Please discuss these requirements with your physician as soon as possible and forward a copy of your child's immunization to your school nurse. Also, immunizations may be obtained at the Allegheny County Health Department by calling: 412-578-8060.

Thank you for your cooperation,

Montour School Nurses

**MONTOUR SCHOOL DISTRICT
PA SCHOOL MANDATED HEALTH SERVICES**

School entities are to provide the following health services for students who attend or who should attend an elementary, grade or high school, either public or private. These requirements also apply to students who are homeschooled.

GRADE	VISION	HEARING	HT/WT/BMI	PHYSICAL* Due by April 1	DENTAL* Due by Feb 1	SCOLIOSIS
K	X	X	X	X	X	
1	X	X	X	X**	X**	
2	X	X	X			
3	X	X	X		X	
4	X		X			
5	X		X			
6	X		X	X		X
7	X	X	X		X	X
8	X		X			
9	X		X			
10	X		X			
11	X	X	X	X		
12	X		X			

*Mandated physical and dental exams can be completed by your private physician/dentist or will be done by the school practitioner if not turned into the school nurse by the due date posted.

**Physical/Dental exam is required on original entry - K or 1st grade.

Please view your child's BMI (Body Mass Index) in the Skyward Health Record.

Parents will be notified in writing regarding any failed test results. You will be expected to follow-up on any referrals with your private doctor and inform the school nurse of the findings and/or treatment plans.



ARCHANGEL GABRIEL
CATHOLIC SCHOOL

5720 Steubenville Pike McKees Rocks,
PA 15136-13111 (412) 787-2656
www.archangelgabrielpgh.org

Dear Parent/Guardian:

Pennsylvania School Health Law requires **Dental Examinations** for children in grades **Kindergarten, 1 (new students), 3, and 7**. These grades were selected because they represent critical periods of growth and development in the child's life. You may also have received this form if your child does not have a dental exam in their medical file or in advance of the next required grade level.

This requirement may be met in two ways, a dental examination by the student's private dentist or by the school dentist. If a private dental exam is preferred, please have your dentist complete and return the dental form located on the district website under Health Services or request a copy from the school nurse.

It is recommended that the examination be done by your child's dentist since he/she can best evaluate your child's dental health and assist you in obtaining necessary treatment and corrections. A private exam must be no more than 6 months from August.

The school dental exam, free of charge, will be done if a private exam is not returned by February 1st. The exam date will be posted on the website and the parent/guardian may be present during the exam.

If you have any questions, please call the school health office. Thank you in advance.

Kathleen R. Burik RN, BSN, CSN
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Archangel Gabriel Catholic School
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412-489-8300 x4323

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20__

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street City or Post Office Borough/Township County State Zip

REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																		Upper
LOWER																		Lower

Is The Child Under Treatment? Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address