Health Information New Student Registration 2018–2019

Please note that Iowa Law requires a parent to provide evidence of the required immunizations upon enrollment. If your child is missing any of the required immunizations, your child may be enrolled provisionally for 60 calendar days if she/he has received at least one dose of each required vaccine. After the 60 days, your child will be excluded from school until they receive the immunizations. Please bring the completed forms to your child's school orthe District Administration Office. If you have any questions, please contact your School Nurse or Sandy Walters (515) 457-5011 walterss@urbandaleschools.com.

One request when printing/submitting forms: please print 1-sided (each form on its own sheet of paper). Also, if you bring original documents, we will copy and return the originals to you. Thank you!

- **Dental Screening Certificate:** Required for incoming Kindergarten & 9th Grade students. A Dental Screening should be obtained between the ages of 3 and 6 and is required by Iowa law. Please have your dentist complete the dental screening certificate included in this packet. The following are also permitted to complete the dental screening and certificate: MD/DO, PA, RDH, RN/ARNP.

- **Vision Card:** Required for incoming 3rd Grade students. A Vision Screening is required. Please return the Vision Card included in this packet.

- **Student Health Index (New Student Health Information):** Required for all students. Please complete the form included in this packet as it will help us learn about any health concerns for your child.

- **Tdap Immunization:** Required for incoming 7th, 8th, 9th, 10th, 11th and 12th Grade students. Please review this information as it explains the requirement for the Tdap immunization.

- **Meningococcal ACWY Immunization Requirement:** Required for incoming 7th, 8th, and 12th grade students. Please review this information as it explains the requirement for the Meningococcal ACWY immunization.

- **Immunization Certificate:** Required for all students. This certificate can be obtained at your physician's office or you're welcome to use the form included in this packet. Please submit the immunizations that have been completed even if your child does not yet have all immunizations.

URBANDALE
COMMUNITY SCHOOL DISTRICT

Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home or mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: ☐ Male ☐ Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ **Requires Dental Care** – tooth decay[1] or a white spot lesion[2] is suspected in one or more teeth, or gum infection[3] is suspected.

☐ **Requires Urgent Dental Care** – obvious tooth decay[1] is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

[1] Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
[2] White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
[3] Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):
☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

STUDENT VISION CARD

Student First/Last Name _____ Exam Date _____

Student Date of Birth ____/____/____ Student Home Zip Code _____

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As a part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. **This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.**

The following organizations recommend the use of the Student Vision Card

IDPH Iowa Department of Public Health

Iowa Optometric Association

Iowa PTA everychild.onevoice.

Prevent Blindness Iowa

To order more cards call 1-800-444-1772 • www.iowaoptometry.org

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Visual Acuity

	At Distance		At Near	
☐ Without correction	R20/	L20/	R20/	L20/
☐ With present correction	R20/	L20/	R20/	L20/
☐ With new correction	R20/	L20/	R20/	L20/

External Eye Health ☐ Normal ☐ Other

Internal Eye Health ☐ Normal ☐ Other

Vision Analysis

R	L		
☐	☐	Normal eyesight	☐ Eye teaming difficulty
☐	☐	Nearsighted (myopia)	☐ Crossed-eyes (strabismus)
☐	☐	Farsighted (hyperopia)	☐ Eye focusing difficulty
☐	☐	Astigmatism	☐ Sensitivity to light
☐	☐	Amblyopia	

☐ Other _____

Vision Correction Recommendations

☐ No correction necessary
☐ No change in present prescription
☐ New prescription needed

To be worn for:
☐ Constant wear ☐ Near vision only
☐ Distance vision only ☐ As needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) _____

Date_____ Signature_____

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Urbandale Community School District
New Student Health Information

Completion of this form is required at registration and before admission to Urbandale Schools for all new students. The immunization record must also be reviewed.

Name_____ Grade_____

Does the student have:	**No**	**Yes**	**If yes, please explain**
ADD/ADHD			
Allergies (Foods, meds, other)			
Asthma/Reactive airway disease			
Braces/retainer			
Diabetes			
Fainting episodes			
Glasses/contacts/vision concerns			
Hearing concerns/hearing aids			
Heart concerns			
Intestinal or stomach concerns			
Kidney/bladder concerns			
Medical Procedures needed at school			
Medications (Name of med, given at home or school, dose, reason)			
Migraines/headaches			
Orthopedic devices			
Positive TB test			
Scoliosis			
Seizures			
Serious accidents in past year			
Skin problems			
Sleeping concerns			
Speech problems			
Surgeries in past year			
Weight problems			
Other			

Emergency information must be completed on the registration form. Parents are responsible for updating emergency information and the program of care.

I understand that all medical information is confidential and give permission to share this information on a professional basis with school personnel when deemed necessary by the school nurse.

Parent/Guardian_____ Date_____

Tdap Requirement

Beginning the fall of 2013, and all future school years, the State of Iowa requires **all students entering, advancing, or transferring into 7th through 12th grades, and born on or after September 15, 2000**, to provide proof of an adolescent tetanus, diphtheria, and pertussis (whooping cough) booster immunization known as Tdap.

Tdap is a booster vaccine for older children, adolescents, and adults. It safely protects against three dangerous diseases: tetanus, diphtheria, and pertussis (whooping cough). This requirement will help protect your child and others from whooping cough. Recently, whooping cough has been increasing in the United States and in Iowa. The required booster will better protect children during their school years and assist with protection of those within the home, community, and school.

The Tdap vaccine is routinely recommended for adolescents 11-12 years of age and can be administered as young as 10 years of age. Many students have already received this vaccine. Please contact your health care provider to determine your student's status.

If your child has received the Tdap, we need verification. Documentation of the Tdap vaccine on the Iowa Certificate of Immunization should be provided to Urbandale Middle School or Urbandale High School with registration this spring.

If your student has not received the vaccine, the Tdap booster may be obtained through your local healthcare provider or through Polk County Health Department. Polk County Health Department may be reached at 286-3798, and an appointment is required. Documentation of the Tdap vaccine on the Iowa Certificate of Immunization must then be provided to the school prior to the first day of school. **This state requirement will be enforced.**

We encourage you to meet this requirement as soon as possible and submit an Iowa Certificate of Immunization, including the date of the Tdap, to the School Nurse.

Please feel free to contact the school nurse with any questions.
UMS Nurse 457-6606
UHS Nurse 457-6806

Meningococcal ACWY Immunization Requirement

The State of Iowa has passed a new law, requiring meningococcal (ACWY) vaccine for students entering grades 7, 8, and 12, beginning with the 2017-2018 school year.

Meningococcal disease is very serious. The vaccines are very safe and effective at preventing meningococcal disease. This vaccine requirement will assist in protecting the health of adolescents, friends, families, and communities.

The new law requires a one-time dose of meningococcal (ACWY) vaccine received on or after 10 years of age for students in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal (ACWY) vaccines for students entering grade 12, if born after September 15, 1999; or 1 dose if received when the students are 16 years of age or older.

The required vaccine may be obtained through your student's healthcare provider. We strongly urge you to complete the requirement as soon as possible. Students will not be allowed a provisional immunization certificate if they have not received at least one dose. Therefore, **students must have submitted proof of the receiving the vaccine before the first day of school or they must be excluded from attending school**.

The UMS and UHS School Nurses will be mailing letters home for those students entering grades 7, 8, and 12 that will need the vaccine before school starts. Please provide documentation of the completed vaccine and date to the nurse.

Iowa Department of Public Health
Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Parent/Guardian: _____ Address: _____ Phone: (___)_____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			
Polio IPV/OPV			
Measles, Mumps, Rubella MMR			
***Haemophilus influenzae* type b** Hib			
Hepatitis B			

	Vaccine	Date Given	Doctor / Clinic / Source
Varicella Chicken Pox If patient has a history of natural disease write "Immune to Varicella"			
Pneumococcal PCV/PPV			
Meningococcal MCV4/MPSV4			
Hepatitis A			
Rotavirus			
Human Papilloma Virus HPV			
Other			

January 2013

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. **Routine vaccination begins at 2 months of age.**	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella[1]	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. **Pneumococcal vaccine is not indicated for persons 60 months of age or older.**
		Measles/Rubella[1]	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/ Pertussis[4, 5]	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000[2]; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003[2]; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003[2, 3]; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio[7]	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003.[6]
		Measles/Rubella[1]	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease.[8]

[1] Mumps vaccine may be included in measles/rubella-containing vaccine.

[2] DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

[3] The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

[4] Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age

[5] Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

[6] If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

[7] If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

[8] Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

Immunization Clinics

For your convenience, there are several agencies in the Des Moines area that offer immunizations for free or at reduced rates. Please call ahead for an appointment.

Polk County Health Department 1907 Carpenter Avenue, Des Moines, IA 515-286-3798 Appointment required Monday-Friday	DMU Free Mobile Clinic Various locations around Des Moines via mobile unit, including homeless camps and shelters 515-271-1374 1st & 3rd Sundays of the month: 9:00 – 11:00 am; occasional Saturdays
Broadlawns Pediatric 1801 Hickman, Des Moines, IA 515-282-2331 Appointment needed Financial assistance available	House of Mercy 1409 Clark Street, Des Moines, IA 515-643-6525 Appointment preferred; no fee Monday-Friday: 9:00 am – 11:45 am
Christ the King Free Clinic 5711 S.W. 9th Street, Des Moines, IA 515-285-2888 Mondays: 7:00 – 9:00 pm Wednesdays (Pediatric Clinic): 7:00-9:00 pm	Jim Ellefson Free Medical Clinic 1607 East 33rd Street, Des Moines, IA 515-266-7622 Tuesdays: 1:00 – 4:00 pm Thursdays: 5:30 – 8:30 pm
Mae E. Davis Free Medical Clinic Eddie Davis Community Center 1312 Maple Street, West Des Moines, IA 515-277-1103 Tuesdays: 7:00-9:00 pm	Margaret Cramer Clinic First Assembly of God Church 2725 Merle Hay Road, Des Moines, IA 515-279-9766, ext. 42 Thursdays: 6:00-8:00 pm Patient registration: 5:30 pm – 7:00 pm
Le Clinicia de la Esperanza United Mexican-American Community Center 828 S.E. Scott Avenue, Des Moines, IA 515-244-6162 Monday, Wednesday, Thursday: 8:00 am – 5:00 pm Tuesday: 8:00 am – 7:00 pm Friday: 8:00 am – 3:00 pm Appointments needed Spanish translation available at all times	Grace United Methodist Church Free Clinic 3700 Cottage Grove, Des Moines, IA 515-255-2131 Tuesdays: 5:30 pm – 7:00 pm Patient registration: 5:00 – 7:00 pm
Corinthian Family Health Free Clinic 814 School Street, Des Moines, IA 515-243-4073 Saturdays: 9:00 am – 12:00 pm	Islamic Center of Des Moines Free Medical Clinic 6201 Franklin Avenue, Des Moines, IA 515-255-0212 1st & 3rd Saturdays of the month: 9:00 – 11:00 am
Holy Family School Free Clinic 1265 East 9th Street, Des Moines, IA 515-262-7466 1st Monday of the month: 7:00 – 9:00 pm	