Montgomery County Department of Health and Human Services   Montgomery County Public Schools
School Health Services

Parents/Guardians: Action Required

Date: SY 2019-20

Dear Parent/Guardian:

Montgomery County Public Schools and the Montgomery County Department of Health and Human Services recommend that all children entering Grade 6 be examined by a health care provider and a dentist.

In order for your child to receive the best learning experience, it is important that his/her teacher be aware of any special health needs your child may have. This information, which will be available only to the appropriate school staff, should be current and can best be provided by you and your child's health care provider.

Please submit to the health room at your child's Grade 6 school the updated copies of the following enclosures:

- Maryland Schools Record of Physical Examination (SR-6)
- Dental Health Form (MCPS 525-17)
- Immunization record (preferably Maryland Immunization Certificate MDH 896)

These forms were required upon enrollment, and many of our records date back to Kindergarten.
NOTE: Immunization requirements change when your child enters Grade 7 to include Tdap and MCV.
Now is the time to provide us with updates.

In the event that your child is unable to have these important health examinations because he/she does not have health insurance coverage, we have enclosed information about the Office of Eligibility and Support Services (OESS) where you can receive assistance in applying for the Maryland Children's Health Program (MCHP) - Maryland Medicaid or Montgomery County's Care For Kids (CFK) Program.

Please call the School Community Health Nurse or the School Health Room Technician at your child's school if you have any questions.

Principal

Harriet Caplan RN, SCHN
School Community Health Nurse

240-740-1205
Health Room Telephone

Enclosures:
Maryland Schools Record of Physical Examination (MCPS Form SR-6)
Dental Health Form (MCPS 525-17)
Maryland Immunization Certificate (MDH 896)
OESS Information Sheet

Dental Health Form

Montgomery County Department of
Health and Human Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 525-17
February 2016

INSTRUCTIONS: School health professionals review student health information, including dental health, when students enroll in school. When health problems are identified, school health professionals assist students and parents or guardians in accessing appropriate health services, including dental care.

Parent/Guardian: Please complete Section I of this form and ask your child's dentist or public health dental hygienist to complete and sign Section II of this form. Return the completed form to the health room at your child's school.

Help in locating a dentist may be obtained by contacting the Maryland State Dental Association at www.msda.com. If you do not have access to dental care, please contact the school nurse in your child's school.

SECTION I: To be completed by Parent/Guardian

Name of Student	Student ID	
Name of School	Date of Birth	Grade

SECTION II: To be completed by the Dental office.

This is to certify that I have examined the teeth of ______________________________

and:

- ☐ All necessary dental work has been completed.
- ☐ Treatment is in progress.
- ☐ No dental work is necessary.

Further recommendations______________________________

____

____

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

PLEASE RETURN THIS FORM TO THE HEALTH ROOM AT YOUR CHILD'S SCHOOL.

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME ____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE ______/______/______

COUNTY ____________________ SCHOOL ______________________________ GRADE ______

PARENT OR GUARDIAN NAME ______________________________ PHONE NO. ____________________

ADDRESS ______________________________ CITY ____________________ ZIP ________

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr
1								
2								
3								
4								
5								

Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1				
2				

Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. ____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. ____
Signature Title Date

3. ____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name
Office Address/ Phone Number

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until ______/______/______
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, ____

Signed: ____ Date ______________
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: ____ Date: ______________

School Health Services Access to Care
Office of Eligibility and Support Services (OESS) Information
Formerly Service Eligibility Units (SEUs)

What to Bring to OESS:

1. Proof of income.
   - For example, pay subs, tax forms, letter from employer, etc.
2. Proof of identity for all applicants.
   - For example, driver's license, employment ID, child's birth certificate, passport, etc.
3. Proof of Montgomery County residence (please bring one of the items below).
   - For example, lease, utility bill (gas, electric, water, land line phone), school records, etc.
4. **For MCHP only:** Social Security Number or immigration/citizenship documents

Office Hours
Monday through Friday
Call for hours

Rockville:
1401 Rockville Pike, 1st Floor
Rockville, MD 20852
240-777-3120

Zip codes covered by Rockville Office
20810, 20811, 20812, 20813, 20814, 20815, 20816, 20817, 20818, 20824, 20825, 20827, 20830, 20832, 20833, 20847, 20848, 20849, 20850, 20851, 20852, 20853, 20854, 20856, 20857, 20858, 20859, 20860, 20861, 20862, 20889, 20891, 20892, 20894, 20895, 20896, 20897, 20898, 20902, 20906

Germantown:
12900 Middlebrook Rd. 2nd Floor
Germantown, MD 20784
240-777-3591

Zip codes covered by Germantown Office
20833, 20837, 20838, 20839, 20841, 20842, 20855, 20871, 20872, 20874, 20875, 20876, 20877, 20878, 20789, 20880, 20882, 20884, 20885, 20886, 20898, 20899, 20997, 21771, 20797

Silver Spring:
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
240-777-3066

Zip codes covered by Silver Spring Office
20707, 20777, 20783, 20866, 20868, 20901, 20903, 20904, 20905, 20907, 20908, 20910, 20911, 20912, 20914, 20915, 20916, 20918, 20993

For More Information Call
311 or (240)777-0311

Student Record Card 6

Maryland State Department of Education
Maryland Department of Health (MDH)
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland

MARYLAND SCHOOLS RECORD OF PHYSICAL EXAMINATION

To Parents or Guardians:

In order for your child to enter a Maryland public school for the first time, the following are **required:**

- **A physical examination by an authorized health care provider must be completed within nine months prior to entering the public school system or within six months after entering the system.** A physical examination form designated by the Maryland State Department of Education and the Maryland Department of Health must be used to meet this requirement.
- **Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local Department of Health and Human Services or from school personnel. The form and the required immunizations must be completed before a child may attend school. (Form MDH 896).
- **Evidence of blood lead testing is required for all students who reside in a designated at risk area or who are enrolled in Medicaid when first entering Prekindergarten, Kindergarten, and Grade 1, and for all children born on or after January 1, 2015.** The Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate (DHMH 4620) (or another written document signed by an authorized health care provider) shall be used to meet this requirement.

Exemptions from immunizations are permitted if they are contrary to a student's or family's religious beliefs, and require parent/guardian signature on MDH Form 896. Students also may be exempted from immunization requirements if an authorized health care provider certifies that there is a medical reason not to receive a vaccine. Exemptions from blood lead testing is permitted if it is contrary to a family's religious beliefs and practices. The Blood Lead Testing Certificate must be signed by an authorized health care provider stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

In order to assist your child in gaining the most from their educational experience, please complete Part I of this Physical Examination form. Part II must be completed by an authorized health care provider, or attach a copy of your child's physical examination to this form. If your child requires medication and or a treatment to be administered in school, you must have the authorized health care provider complete a medication and or treatment administration form for each medication and or treatment to be administered. These forms can be obtained from your child's school or online from the Montgomery County Public Schools (MCPS) website at *www.montgomeryschoolsmd.org*: MCPS Form 525-12, *Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement*, MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*. If you do not have access to an authorized health care provider or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

Please complete this Physical Examination form and return it to your child's school as quickly as possible.

PART 1 HEALTH ASSESSMENT

To be completed by parent/guardian

MCPS ID#			
Student's Name (Last, First, Middle)	Birthdate (Mo., Day, Yr.)	Name of School	Grade
Address (Number, Street, City, State, Zip)		Phone No.	
Parent/Guardian Names			
Where do you usually take your child for routine medical care? Name:	Address:	Phone No.	
When was the last time your child had a physical exam? Month	Year		
When was the last time your child had a dental exam? Month	Year		
Where do you usually take your child for dental care? Name:	Address:	Phone No.	

ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge, does your child have any of the following? Please check yes or no below.

	Yes	No	Comments
Anaphylaxis or severe allergic reactions			
Allergies (Food, Insects, Medications, Latex)			
Allergies (Seasonal)			
Asthma or Breathing Problems			
Behavioral or Emotional Problems			
Birth Defects			
Bleeding Problems			
Cerebral Palsy			
Dental Problems			
Diabetes			
Ear Problem or Deafness			
Eye or Vision Problems			
Head Injury			
Heart Problems			
Hospitalization (When, Where, Why)			
Lead Poisoning/Exposure			
Learning problems/disabilities			
Limits on Physical Activity			
Meningitis			
Prematurity			
Problem with Bladder			
Problem with Bowels			
Problem with Coughing			
Seizures			
Sickle Cell Disease			
Speech Problems			
Surgery			
Other			

Does your child take any medication? ☐ No ☐ Yes

If yes, name(s) of medications:____

Will your child require any medication to be administered in school? ☐ No ☐ Yes

If yes, name(s) of medications:____

Will your child require any emergency medications (epinephrine auto-injectors, inhalers, glucagon, Diastat, nebulized medication, etc.) to be administered in school? ☐ No ☐ Yes If yes, please list____________________

Will your child require any special treatments (G-tube feedings, catheterizations, etc.) to be administered in school? ☐ No ☐ Yes

If yes, please list ____

Parent/Guardian Signature

Date

PART II SCHOOL HEALTH ASSESSMENT **To be completed ONLY by authorized health care provider**			MCPS ID#
Student's Name (Last, First, Middle)	Birthdate (Mo., Day, Yr.)	Name of School	Grade

1. Does the child have a diagnosed medical condition? ☐ No ☐ Yes

   Specify ______________________________

   ____

2. Does the child have a health condition which may require EMERGENCY ACTION while at school? (e.g., seizure, severe allergic reaction/anaphylaxis to food or insect sting, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please work with the school nurse to develop an emergency plan. ☐ No ☐ Yes

   Specify ______________________________

   ____

3. Are there any abnormal findings on evaluation for concern? ☐ No ☐ Yes

   Specify ______________________________

EVALUATION FINDINGS/CONCERNS

PHYSICAL EXAM	WNL	ABNL	Area of Concern	HEALTH AREA OF CONCERN	Yes	No
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/Orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings/health concerns.)

4. **RECORD OF IMMUNIZATIONS:** MDH 896 is required to be completed and attached by an authorized health care provider **or** a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis. ☐ No ☐ Yes

   ____

   (MCPS Form 525-13, Authorization to Administer Prescribed Medication, Release and Indemnification Agreement and/or MCPS Form 525-14, Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector, must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction. ☐ No ☐ Yes

   ____

   ____

7. Screenings	Results (actual value, or positive/negative)	Date Taken
Tuberculin Test		
Blood Pressure/Heart Rate		
Height		
Weight		
BMI %tile		
Blood Lead Testing (DHMH 4620)		

PART II SCHOOL HEALTH ASSESSMENT *(continued)*
To be completed ONLY by authorized health care provider

(Student Name) ________________________________ has had a complete physical examination and has:

☐ No evident problem that may affect learning or full school participation ☐ Problems noted above

Additional Comments:

Name of Authorized Health Care Provider (Type or Print)	Phone No.	Authorized Health Care Provider Signature	Date