

Georgia Destinations Career Academy of Georgia (GADCA)
Health Screening and Immunization Policy

Adopted On: 10/25/2022 Last Reviewed On: 6/26/24

Last Updated On: 10/25/2023

The Board of GADCA adopts the following policy, effective on the date of adoption by the Board.

(1) Health Screening and Immunization Policy.

- a. The Head of School or designee shall develop procedures to address immunization requirements and vision, hearing, dental and nutrition screening requirements for all students as required by state law. Such procedures shall ensure that parents are provided with notification of such requirements prior to enrollment in the school.

- b. If a state charter school provides information on immunizations, infectious diseases, medications, or other school health issues to parents and guardians of students in grades 6 through 12, then the following information about meningococcal meningitis disease and influenza and their respective vaccines shall be included: A description of causes, symptoms, and means of transmission; A list of sources for additional information; and Related recommendations issued by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention.

References:

O.C.G.A 20-2-770 and 20-2-771

DPH Rule Sections 511-2-2, 511-5-6, and 511-5-8

Health Screening Considerations Notice to Parents

(1) Purpose.

- a. The Governing Board intends to promote the health of students within the school and the community at Destinations Career Academy of Georgia (GADCA) by providing notice of health screening requirements and considerations:
 - i. Georgia's Immunization Requirements and School Attendance
 - ii. Vision Screening
 - iii. Hearing Screening
 - iv. Dental Screening
 - v. Nutrition
 - vi. Scoliosis Screening

(2) Georgia's Immunization Requirements and School Attendance.

- a. All students must comply with the requirements of the Georgia State Immunization Code.
- b. Certificate of Immunization (Form 3231)
 1. Medical exemption: In this case, Form 3231 has an expiration date no more than 12 months from date of issue. There must be an annual review of the medical exemption, and the certificate must be reissued with or without indication of the medical exemption.
 2. Religious exemption: For a child to be exempt from immunization on religious grounds the parent or guardian must furnish the school with a notarized statement, and it must meet the Following criteria:
 - a. state that their religious beliefs conflict with immunization requirements; (B) the statement must be signed and dated by the parent/guardian; (C) the statement must be notarized, dated, and signed by a Notary Public; (D) the statement should be submitted to the school in lieu of an immunization certificate (form 3231); (E) the statement does not expire.
 3. Waiver of 30 calendar days granted to new entrants by the superintendent or designee.
 4. Waiver of 90 calendar days may be granted by the superintendent or designee to students entering Georgia public schools from out of state, if documentation is on file from the county health department or a medical doctor stating that an immunization sequence has been started and can be completed within the 90-day waiver period.
 5. Immunizations are required for diphtheria, pertussis, tetanus, hepatitis B, polio, measles, mumps, rubella, and varicella (chicken pox). Protection against each of these diseases must be addressed on the form 3231. The form can be computer generated, and if the child attends more than one school, an original or a photocopy of the form must be submitted to the second school.

(3) Sixth Grade Immunization Requirements.

- a. All currently enrolled children entering sixth grade on or after July 1, 2015, must meet the following requirements:
 - i. Two doses of Measles vaccine, two doses of Mumps vaccine, one dose of Rubella vaccine, or laboratory proof of immunity against each of these three diseases.
 - ii. Two doses of Varicella (chicken pox) vaccine or documentation of disease or laboratory proof of immunity. At the time your child entered school, only one dose of this vaccine was required.

(4) Seventh and Eighth Grade Immunization Requirements

- a. Effective July 1, 2015, all children born on or after January 1, 2002, who are attending seventh grade and children who are new entrants into a Georgia school in grades eight through twelve:
 - i. One dose of Tdap vaccine
 - ii. One dose of meningococcal conjugate vaccine
- b. Additional information about Georgia's immunization program or the immunization requirements for school entry and attendance can be found by clicking on the links below to the Georgia Department of Public Health Resources:
 - i. <https://dph.georgia.gov/sites/dph.georgia.gov/files/Immunization%20Requirements%20for%20Georgia%20Child%20Care%20and%20School%20Attendance.pdf>
 - ii. <https://dph.georgia.gov/immunizations>

(5) Certificate of Eye, Ear, Dental Exam (Form 3300)

- a. A student, regardless of grade level, who has never been in a Georgia public school must provide certification of eye, ear, and dental examinations on the Georgia Department of Human Resources Form 3300. Any child admitted to school without a certificate must present one within 60 calendar days. Forms may departments or physician.

(6) Scoliosis Screening

- a. In Georgia, Scoliosis screenings are required in at least two grades sixth, seventh or eighth. Scoliosis is a physical condition characterized by a lateral deviation of the spine away from the midline of the body. It is known that two children out of every 100 may have Scoliosis. If this condition is detected early and appropriately treated, progressive spine irregularity can usually be prevented. The procedure for screening is a simple test in which the child's back is examined in the standing position and while bending forward.

(7) Helpful Scoliosis Resources:

- a. Children's Healthcare of Atlanta: <https://www.choa.org/medical-services/orthopedics/scoliosis-and-spine-program/scoliosis>

- b. How to Check for Scoliosis (You Tube Video):
<https://www.youtube.com/watch?v=AqhrLHiDMOM>

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name) _____

Birthdate _____

(Optional) Parent/Guardian Name (Last name, First name) _____

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

(Fill in X)

Complete For K through 6th Grade
Child must be >= 4 years and have met all requirements for school attendance.

(Fill in X)

Complete For 7th through 10th Grade
Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

(Fill in X)

Complete For 11th Grade and higher
Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																	
DTP,DTaP,DT,Td																	
Polio																	
Hepatitis B																	
Tdap																	
MCV4 HIB (Under Age 5)																	
PCV (Under Age 5)																	
Measles																	
Mumps																	
Rubella																	
Hepatitis A (Born on/after 1/1/06)																	
Varicella																	
Recommended Vaccines (For Information Only)																	
Rotavirus																	
HPV																	
Influenza																	
Td (booster)																	
Men-B																	

Notes:
A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant,** qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).
The certificate is **NOT** valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, **Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.**
A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Certified by (Signature/Signature Stamp) _____ Date of Issue _____



**Georgia Department of Public Health
Form 3300**

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL.
SCREENER CONTACT INFORMATION IS REQUIRED.

Parent/ Guardian Name: _____ first middle last Child's Name: _____ first middle last

Parent/ Guardian Contact Information: _____ Date of Birth: ____/____/____ Gender: Male Female

Daytime phone number: _____ Child's Home Address: _____

Evening phone number: _____ street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____	Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information: _____

FOR SCHOOL SYSTEM	1 st attempt	2 nd attempt	3 rd attempt	4 th attempt	5 th attempt	6 th attempt	7 th attempt	8 th attempt	9 th attempt	10 th attempt	11 th attempt	12 th attempt	13 th attempt	14 th attempt	15 th attempt	16 th attempt	17 th attempt	18 th attempt	19 th attempt	20 th attempt	
Vision																					
Hearing																					
Dental																					
Nutrition																					

DPH Form 3300 Rev. 2013

Georgia Department of Public Health Form 3300
Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietician or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:
http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.