

# Policy 5001.1: Student Health and Immunization Checkups

Students enrolling in kindergarten (or the beginning grade) and students entering the seventh grade in the school district shall have a physical examination by a licensed physician, physician assistant, or nurse practitioner within six months prior to school entry and provide proof of such an examination to the school district. A physical examination and proof of such an examination shall be required by the administration for students in all grades transferring to the school district from out of state. An objection, in writing, signed and dated by a parent or guardian, may be accepted as a substitute to a physical exam.

Students enrolling in the school district shall also submit proof of immunization against hepatitis B, measles, chicken pox, mumps, rubella, poliomyelitis, diphtheria, pertussis and tetanus as required by law. The student may be admitted conditionally to the attendance center if the student has not yet completed the immunization process but is in the process of doing so, as quickly as medically feasible. Failure to meet the immunization requirement will be grounds for denial of admission or suspension.

Exemptions or temporary waivers from the immunization requirement in this policy will be allowed only for medical, military or religious reasons recognized under the law.

Any student showing symptoms of any contagious or infectious disease shall be handled according to state law.

## Visual Evaluation

Students enrolling in kindergarten (or the beginning grade) or students transferring to any grade in the district from out of state shall also have a visual examination, including tests for amblyopia, strabismus, and internal and external eye health, and visual acuity, The visual evaluation must be completed within six months prior to entrance and proof of such evaluation shall be provided to the school district.

A certificate of health, or other form, stating the results of the visual evaluation and signed by a physician, optometrist, physician assistant, or advance practice registered nurse shall be on file at the attendance center.

## Notifications to parents

The student's parent or guardian shall be notified in writing of their right to submit a written statement refusing such visual examination and shall be provided contact information to assist the parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify.

\*See Administrative Guidelines below

Legal Reference: Neb. Statute 79-214, 79-217 to 223, 79-248 et seq.  
Title 173 NAC 3

Approved 4-12-04

Revised 2.13.06

Reviewed 7.20.2009

# Administrative Guidelines for Policy 5001.1

The student's parent or guardian shall be notified in writing of their right to submit a written statement refusing such visual examination and shall be provided contact information to assist the parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify.

## Who May Qualify For Free or Reduced-Cost Vision Evaluations

### 1. Insurance coverage

Many insurance companies cover the cost of an eye exam (Blue Cross/Blue Shield, United Health Care, Coventry, Vision Service Plan, Spectera, etc.). Check with the company as to details of vision care coverage.

### 2. Employer-based options

Parents with cafeteria plans, Medical Savings Accounts, Health Savings Accounts, or other flexible spending plans through employers can typically use these accounts to pay for vision exams.

### 3. Medicaid and Kids Connection

Office visits, eye exams and glasses are covered. Local social service offices have details as to eligibility.

### 4. Sight For Students

Provides free exam, discounted eyewear for eligible students from participating optometrists. Check website for details: [www.sightfbrstudents.org](http://www.sightfbrstudents.org)

### 5. Lions Clubs of Nebraska

Clubs located throughout the state provide vision care assistance for needy families. Usually involves referral by teacher, clergy or health professional. Contact local clubs for details.

### 6. Community health centers and services

Community health centers and community-based health services throughout the state can provide free eye exams for low income families that qualify, or coordinate the availability of reduced-cost services. Check with local social service agencies for options near you.

### 7. Discount plans from health care providers

Many optometrists and other health care providers offer family discounts, package pricing on children's eyewear, and other in-office discounts.

### 8. Vision USA

Low income families with working parent and no vision insurance may qualify for free exams from participating optometrists. Call 1-800-766-4466 or check the American Optometric Association website ([www.aoa.org](http://www.aoa.org)) for eligibility guidelines and information about scheduling appointments.

# Cozad Community Schools Report of Vision Evaluation

Please return this form to your child’s school health office.

Effective with the 2006-2007 school year, Nebraska State Statute requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of vision evaluation within six months prior to entry.

This requirement also applies to out-of-state transfers to any grade. The evaluation may be performed by a physician, physician assistant, advanced practice registered nurse, or vision professional (optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written statement of objection. For more information about the availability of resources for low-income families, see back.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

|                     | Pass            | Fail           | Recommend Further Evaluation <small>(see comments below)</small> |
|---------------------|-----------------|----------------|--|
| Amblyopia           | _____           | _____          | _____  |
| Strabismus          | _____           | _____          | _____  |
| Internal Eye Health | _____           | _____          | _____  |
| External Eye Health | _____           | _____          | _____  |
| Visual Acuity       |                 |                |  |
| 20 feet             | Right 20/ _____ | Left 20/ _____ | with/without glasses   |
| 16 inches           | Right 20/ _____ | Left 20/ _____ | with/without glasses   |

**COMMENTS/RECOMMENDATIONS**

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# Parent/Guardian Statement of Objection (Waiver) to Requirement for Vision Evaluation

On behalf of my student \_\_\_\_\_(Student's Full Name) I object to the required vision evaluation as legislated in NSS 79-214. I understand provisions of the law allow me to waive this requirement for my child by my signed statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Approved 2-13-06

Reviewed 7.20.2009

Reviewed 8.10.2009

Reviewed 1-18-2010