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September 4, 2014

Dear Millard Families,

In accordance with the new Nebraska State Statute, #173 NAC 7, Millard Public Schools are required to provide a health screening to students enrolled in our district.

The screening is conducted to help identify health concerns at an early stage. Health screenings are not intended to be diagnostic, but to identify students with potential problems. Please see the attached Health and Human Services document identifying which screenings are given at each grade level.

The new state statute requiring health screenings in Nebraska does not allow a waiver option. Parents who request that their child not be screened at school must provide the attached Parent/Guardian Exception Form and an Affidavit of Parent/Guardian Refusal of School Health Screenings Form completed by a medical provider. The student's screening by a medical provider is to be dated no earlier than May 1, 2014 and must be provided to the school health office by December 1, 2014. If a completed Parent/Guardian Exception Form and an Affidavit of Parent/Guardian Refusal of School Health Screenings Form from a medical provider are not provided by December 1, 2014, the child will be screened at school for a minimum of vision, hearing and dental. The cost of screening by an alternate provider is the responsibility of the parent/guardian.

Health Screenings of students in grades first, second, third and fourth grades will occur at your child's school during September, October, and November. Each building will announce their screening dates in their school newsletters.

Millard Public Schools will notify parents and/or guardians through the mail within 30 days after the screening if the results of your child's screening reveal any concerns.

If you have any question about the health screening process, please contact the District's Head Nurse, Nancy Nielsen at (402)715-6322 or email at nhnielsen@mpsomaha.org.

Bill Jelkin
Director of Student Services

MILLARD BOARD OF EDUCATION

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**EFFECTIVE 2/5/13 NEBRASKA DEPARTMENT OF HEALTH AND HUMAN
SERVICES 173 NAC 7**

OPERATIVE 7/1/14

**CHAPTER 7 SCHOOL HEALTH SCREENING, PHYSICAL EXAMINATION, AND
VISUAL EVALUATION**

7-003 WHO MUST BE SCREENED

7-003.01 Minimum Required School Health Screening Schedule: The Department prescribes a schedule for screenings based on current medical and public health practice. See Attachment 1 for specific screenings required for child according to school grade level.

7-003.02 Exception: *A child is not required to submit to school health screening if his or her parent or guardian provides school authorities with a statement signed by a physician, physician assistant, or an advanced practice registered nurse-nurse practitioner practicing under and in accordance with his or her respective credentialing act or other qualified provider as identified by DHHS in rules and regulations adopted pursuant to Neb. Rev. Stat. § 79-249, and found in 7-005.01C2 of these regulations, stating that such child has undergone such required screening within the last six months preceding the school's scheduled health screening. A child must submit to any required screening at school for which such a statement is not received.*

The parent/guardian of _____
(name of child)

is requesting the school health screenings required by Nebraska 173 NAC 7 as noted above be done by a physician (M.D. or O.D.), physician assistant, or an advanced practice registered nurse-nurse practitioner instead of in the school setting.

Please provide a statement that the above named child has undergone such required screening withing the last six months preceding the school's schedule health screening.

(Parent/guardian signature)

(Date)

**AFFIDAVIT
PARENT/GUARDIAN REFUSAL OF SCHOOL HEALTH SCREEINGS**

This Affidavit is being submitted on behalf of:

(Name of child)

The above named child has undergone such health screening as is required (see Attachment 1) by Nebraska DHHS School Health Screenings Rules and Regulations within the last six months preceding the school's scheduled health screening.

(Signature of physician (M.D. or O.D), physician assistant, or an advanced practice registered nurse-nurse practitioner)

(Date)

Screenings done:

- ___ Height
- ___ Weight
- ___ Distance Vision
- ___ Near Vision
- ___ Hearing
- ___ Dental

Restrictions or findings that could impact the child's learning:

(Signature of physician (M.D. or O.D), physician assistant, or an advanced practice registered nurse-nurse practitioner)

(Date)

Parent/Guardian:

Return this signed statement to your child's school if you do not want your child to undergo school health screenings at school.

(Parent/guardian signature)

(Date)

**EFFECTIVE 2/5/13 NEBRASKA DEPARTMENT OF 173 NAC 7 OPERATIVE 7/1/14 HEALTH AND HUMAN SERVICES
ATTACHMENT 1: DHHS MINIMUM REQUIRED ANNUAL SCHOOL HEALTH SCREENINGS**

SCREENING by Grade or Age Level For procedural guidelines and competencies for each screening, see DHHS School Health Guidelines for Nebraska Schools.	Age 3 -5 years	K	1	2	3	4	5	6	7	8	9	10	11	12
HEARING: pure tone audiometry	annually	X	X	X	X	X			X			X		
VISION: distance	annually	X	X	X	X	X			X			X		
VISION: hyperopia (near vision)	annually		X		X									
DENTAL: inspection of teeth (Visual)	annually	X	X	X	X	X			X			X		
WEIGHT/HEIGHT STATUS: body mass index percentile	annually	X	X	X	X	X			X			X		
Physical Examination By physician, physician assistant, or advanced practice registered nurse		X							X					
Visual Evaluation By physician, physician assistant, advanced practice registered nurse, or optometrist.		X												
Additional Indications for Screening: 1. New to district at any time, with no previous screening results available. 2. Student enters the Student Assistance Process, with no recent or current screening results available. 3. Periodic screenings as specified by the student’s Individualized Education Plan (IEP) 4. Nurse concern, i.e. sudden wt. loss/gain, change in stature or appearance; parent or teacher concern; audiologist referral. 5. Unremediated concerns from previous year.								Notes: 1. The student with known hearing or vision deficits may not need periodic screenings for these conditions. This will be determined on an individual basis by the child’s Individualized Education Plan (IEP) and/or school personnel following the student. 2. Screening results may be taken from physical examination, visual evaluation, or dental examination reports if equivalent screening results are available and documented. 3. If parent/guardian wishes to refuse school health screening, parents/guardian must submit written statement(s) from a qualified examiner that the child has received the minimum required screenings within the previous six months, or the child will be screened at school. 4. Parents/guardians may waive physical examination and visual evaluation requirements						