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School Health Virtual Town Hall

Summer 2023

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Agenda

- Welcome
- DC Health Mission and Vision
- School Health Services Program (SHSP) Overview
- SHSP Staffing Model Updates
- SHSP Consent
- Electronic Universal Health Certificate
- Telehealth
- School-Based Health Centers
- Pediatric Mental Healthcare Access
- School-Based Oral Health Program
- School Immunization Requirements (OSSE)
- Immunization Requirements and Vaccine Access
- Questions

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DC Health Mission and Vision

Mission:

- The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital

Vision:

- To be the healthiest city in America

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School Health Services Program

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School Health Services Program (SHSP)

- A major goal of the SHSP is to help District students reach their optimal health, enabling them to learn in a safe and supportive environment
- Children's School Services (CSS), a DC Health grantee, staffs school nurses and student health technicians; and is responsible for the day-to-day operations of the SHSP in coordination with DC Health
- Services include primary care services and care coordination for students provided by a school nurse or student health technician

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School Health Services Program (SHSP)

School Health Suite Staff:

- Provide direct care to students
- Address injuries and acute illness for all students and long-term management of students with special health care needs
- Provide leadership for the provision of health services
- Screen and refer for health conditions
- Promote a healthy school environment
- Promote student health
- Serve as a liaison between school personnel, family, health care professionals, and the community

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School Health Services Program (SHSP)

- The DC Health SHSP provides health services for 80,000 students attending District of Columbia Public Schools (DCPS) and Public Charter Schools (PCS) with a DC Health approved school health suite

- The SHSP currently provides services to 117 DCPS health suites and 63 PCS health suites

SHSP School Health Suite Data (SY 22-23)

- Health suite visits: 32,557
- Universal Health Certificates submitted: 33,695 (41% compliance average)
- Most prevalent student health conditions: asthma, allergies, diabetes

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SHSP Staffing Model Updates

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SHSP Staffing Model Updates

- The U.S. is experiencing a nation-wide nurse shortage. Unfortunately, the number of nurses leaving doesn't match the number of nurses joining the workforce
- During last school year, 33% of the health suites enrolled in the SHSP program did not have full-time nurse coverage
- DC Health and its grantee, Children's School Services (CSS) worked closely to consider options that benefit students and families
- Team-based care is a service model where the needs of the person who requires care are coordinated by more than one healthcare provider across a system of care

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Updated SHSP Staffing Model

- To support the team-based care model, DC Health is making changes to the SHSP health suite staffing model
- The first step was to identify the members of the team
  - The updated model will still include Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Health Technicians (HTs)
- The next step was identifying how to best position those teams for success
  - These teams will work in clusters

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Team-Based Care: Clusters

- Schools will be grouped into clusters of four (4)
- Each cluster will include four (4) schools, both DC Public Schools and Public Charter Schools, that are close to one another
- Each cluster will have two (2) nurses, an RN or LPN, and at least two (2) health technicians (HTs)
- Nurse Managers will supervise staff in each cluster
- Every school will be assigned one consistent, full-time health suite staff person

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Benefits of the SHSP Staffing Model Updates

- Every school will have trained health suite staff that is consistent and assigned to the same school every day
- The aim is to have every SHSP school health suite staffed with daily coverage of up to 40 hours per week
- An RN Nurse Manager will continue to supervise health suite staff
- Health suite staff in each cluster will know the health needs of all students within the cluster

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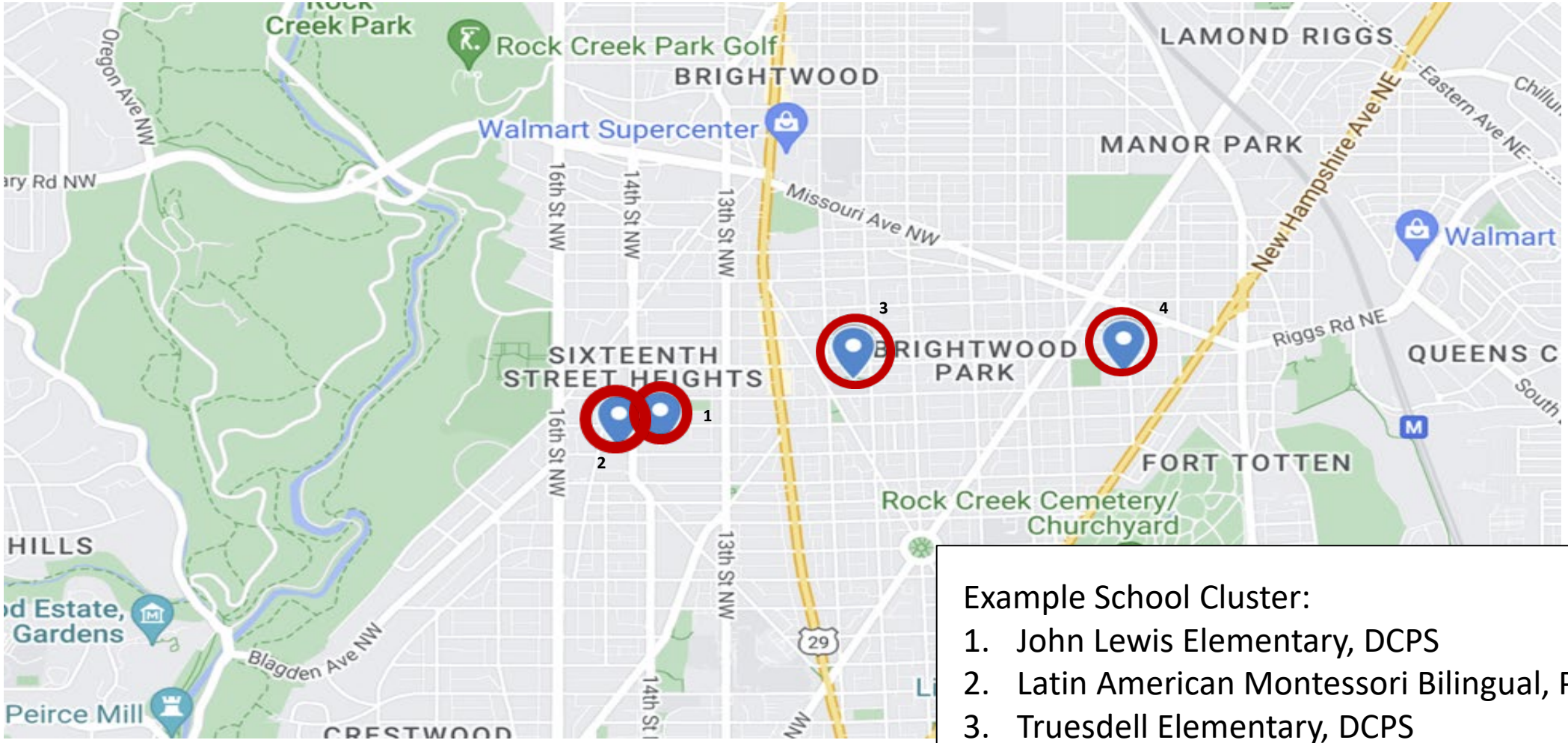
Example School Cluster



Example School Cluster:

1. John Lewis Elementary, DCPS
2. Latin American Montessori Bilingual, PCS
3. Truesdell Elementary, DCPS
4. Washington Latin, PCS

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Responsibilities of School Nurses

- Administration of injectable medicines other than insulin
- Assessment of children with acute illnesses
- Medical procedures
- Health and nutrition education
- Communicable and infectious disease reporting and tracking
- Health suite oversight
- Individualized Health Plan (IHP) participation
- Primary point of contact for school health teams
- Telehealth consultation with medical specialists regarding children's illnesses
- Immunization Point of Contact (IPOC)

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Responsibilities of Health Technicians

- First Aid
- Access to telehealth consultation with RN on the team at any time
- Asthma Care Management
  - Administration of Albuterol
  - School-based Asthma Care: Flovent
  - Nebulizer treatments
- Mental Health Screenings
- Administration of Medication
  - Administration of medication according to student medication forms and emergency medication
- Care Coordination
  - Referrals to medical and behavioral health specialists
- Review of immunization records, IPOC
- Vision and Hearing Screenings
- Collection and review of UHCs, AAPs and other health forms
- Data entry of school health forms into School Health Management
- Communication with parents (letters, phone calls)
- Diabetes care under supervision of cluster RN

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SHSP Consent

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SHSP Consent

This includes:

- Administration of medication
- Individualized treatment and screenings (hearing and vision)
- Electronic submission of school health forms by your child's healthcare provider
- Telehealth

- Your child will continue to receive first aid and other basic care by school health suite staff even if their consent has not been returned
- You will still need to submit a Universal Health Certificate (UHC) for your child each year

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MURIEL BOWSER, MAYOR

SCHOOL HEALTH SERVICES PROGRAM

Please fill out the form below after carefully reviewing the policies and procedures governing student health services, and then sign the required consents contained in this document. This is required in order for you (if you are a student who is 18 years of age or older) or your child to participate in school health services provided to District of Columbia Public School (DCPS) students. Please submit the completed document to your child's school registrar.

Student's Personal Information | Completed by parent/guardian/student eighteen (18) years of age or older				
Student Last Name:		Student First Name:		Date of Birth:
School or Child Care Facility Name:				
Home Address:	Apt:	City:	State:	ZIP:
Ethnic Designation: *(check all that apply)* ☐ Hispanic/Latino ☐ Other ☐ Non-Hispanic/Latino ☐ Prefer not to answer				
Race: *(check all that apply)* ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White ☐ Prefer not to answer				
Parent/Guardian Information				
Parent/Guardian Name 1:		Parent/Guardian Name 2:		
Phone:	Email:	Phone:	Email:	
Relationship to Student:		Relationship to Student:		
Parent/Guardian Phone:		Parent/Guardian Phone:		
Emergency Contact Name, Relationship to Student:		Emergency Contact Phone:		
Insurance Information				
Insurance Type: ☐ Medicaid ☐ Private ☐ None		Insurance Name/ID #: Insurance Plan:		
If your child does not have health insurance, would you like to be contacted by the clinical case manager for assistance with obtaining health insurance? ☐ Yes ☐ No				
Primary Care Provider Name:				
Primary Care Provider Organization & Address:				
Primary Care Provider Phone:				

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School Health Services Telehealth Program

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School Health Services Telehealth Program (SHSTP)

- Telehealth was first piloted in 12 schools during SY 21-22
- In SY 23-24, telehealth services will be available for all schools in the School Health Services Program
- Telehealth services can include medical care to treat rashes, nose/throat/ear irritations, minor injury, and common cold illness
- Future expansion of telehealth services to include mental and behavioral health

Benefits of school-based telehealth:

- Students seen in real time during the school day by licensed medical providers
- Limits non-emergency time away from school for students and for parents, time away from work
- Easy follow-up with providers for needed prescriptions

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School Health Services Telehealth Program (SHSTP)

- Telehealth is an optional service of the SHSP
- Consent is required for your child to receive telehealth services through the SHSP
- Telehealth services will not replace any of the services offered by the health suite
- Telehealth is not meant to replace your child's medical home but serves as support for their medical needs
- Telehealth services are currently provided at no cost to families. In the future, telehealth visits may be billed directly to your child's health insurance with prior notification to families
- More information on billing will be provided to families before billing starts

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School-Based Health Centers

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School-Based Health Centers

- School-Based Health Centers (SBHCs) are health centers that provide comprehensive primary healthcare services in a school year-round. They serve as easily accessible, adolescent-friendly medical homes

- Services provided include (but are not limited to): Immunizations, well child visits, primary and preventive care, sports physicals, sexual and reproductive health, mental and behavioral health, and oral health

- DC Health partners with local community health organizations to provide SBHC services:
  - Children's National Hospital
  - Mary's Center for Maternal and Child Health
  - MedStar Research Institute
  - Unity Health Care, Inc.

DC sbhc
School-Based Health Center Program

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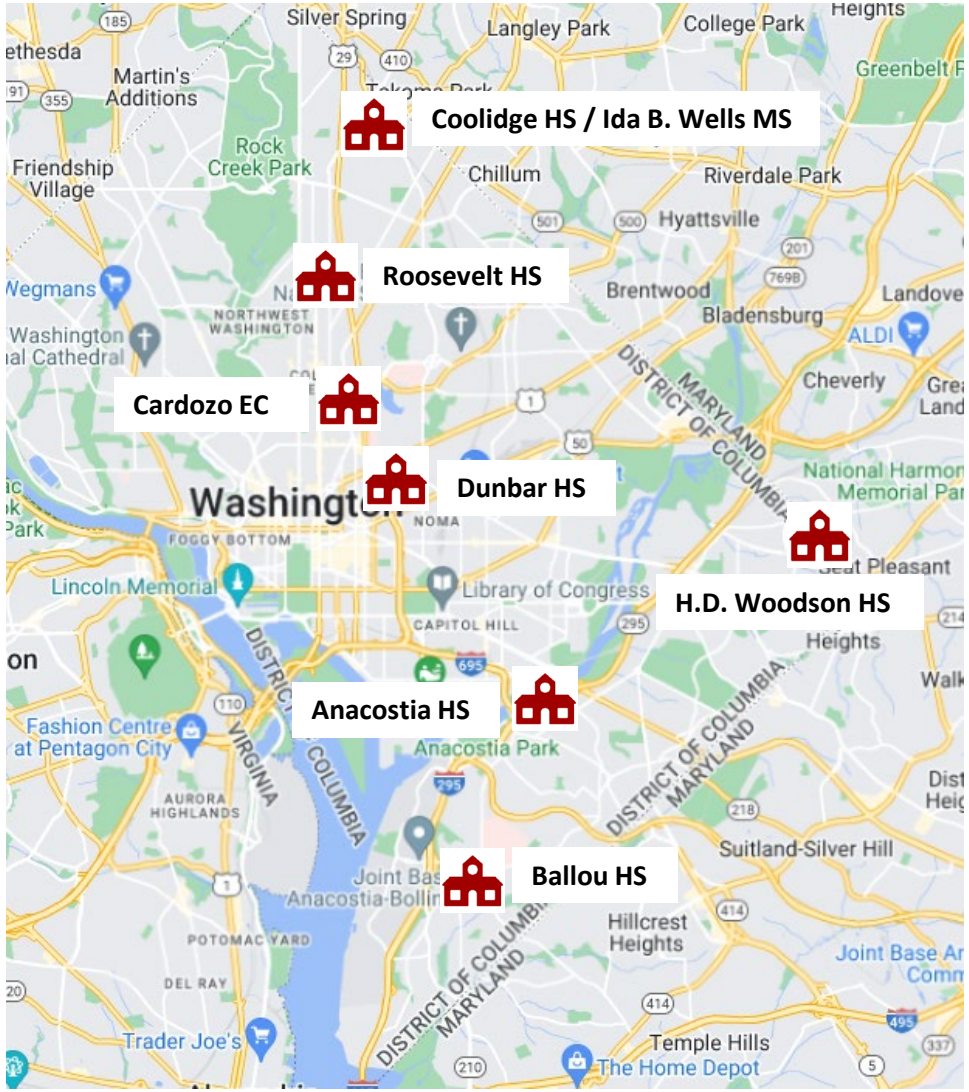
School-Based Health Center Locations



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School-Based Health Centers

- All students who attend a school with a SBHC can receive services by the SBHC
- Families must complete SBHC enrollment forms, these are available at each SBHC
- Any enrolled DCPS high school student is eligible to receive a sports physical at all SBHC's
- All DC residents 3 years of age and older can receive pediatric immunizations at SBHC's through **August 25, 2023**

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Pediatric Mental Healthcare Access

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DC Health Pediatric Mental Health Care Access

Department of Behavioral Health (DC MAP Program)

- DC Mental Health in Pediatrics (DC MAP) is the pediatric mental health team that provides consultation, referrals, training, and care coordination to pediatric primary care providers (PPCPs) and other pediatric providers

School Based Health Centers and Early Childhood Centers

- Refer students to professionals within their network that can provide direct therapy onsite or through their larger network of offices
- Refer to in-school services as needed

School Nurses Roles within Behavioral Health in the Schools

- Refer students to the Behavioral Health Coordinator within their school
- Follow-up as needed with the team for care coordination and to ensure that the student is connected to care

DC Health's Help Me Grow Program

- Our partnership also expands DC MAP's existing services and brief interventions to specific populations among the Early Childhood Care Centers to assist families receive care while waiting for their initial appointments with ongoing behavioral health care

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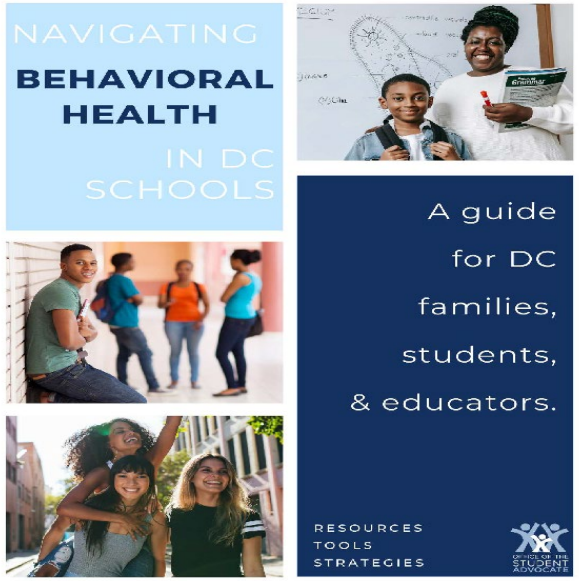
School-Based Behavioral Health Services

- School Mental Health Teams
- DC launched an initiative to expand mental health services by pairing schools with community-based organizations (CBOs)
  - DC Department of Behavioral Health (DBH) School Behavioral Health Program
  - Wendt Center for Loss and Healing: Through its Resilient Scholars Project — School Based Services



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Electronic Universal Health Certificate (e-UHC)

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Electronic Universal Health (e-UHC) Certificate

- DC Health has launched the electronic universal health certificate (e-UHC) program
- Only 41% of UHCs were submitted to school last school year
- By law, all students attending any DC school are required to submit an updated UHC annually to your child's school
- The UHC provides school and health suite staff with needed information about your child's health needs during the school day
- DC Health's goal is to increase UHC submission rates for students enrolled in District of Columbia Public and Public Charter Schools

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Universal Health Certificate

DC | HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at https://dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child's school.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name: | **Child First Name:** | **Date of Birth:**

School or Child Care Facility Name: | **Gender:** ☐ Male ☐ Female ☐ Non-Binary

Home Address: | **Apt:** | **City:** | **State:** | **ZIP:**

Ethnicity: *(check all that apply)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other ☐ Prefer not to answer

Race: *(check all that apply)* ☐ American Indian/ Alaska Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Black/African American ☐ White ☐ Prefer not to answer

Parent/Guardian Name: | **Parent/Guardian Phone:**

Emergency Contact Name: | **Emergency Contact Phone:**

Insurance Type: ☐ Medicaid ☐ Private ☐ None | **Insurance Name/ID #:**

Has the child seen a dentist/dental provider within the last year? ☐ Yes ☐ No

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

Parent/Guardian Signature: _____ **Date:** _____

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam: | **BP:** ____/____ ☐ NML ☐ ABNL | **Weight:** ☐ LB ☐ KG | **Height:** ☐ IN ☐ CM | **BMI:** | **BMI Percentile:**

Vision Screening: Left eye: 20/_____ Right eye: 20/_____ ☐ Corrected ☐ Uncorrected ☐ Wears glasses ☐ Referred ☐ Not tested

Hearing Screening: *(check all that apply)* ☐ Pass ☐ Fail ☐ Not tested ☐ Uses Device ☐ Referred

Does the child have any of the following health concerns? *(check all that apply and provide details below)*

- ☐ Asthma
- ☐ Autism
- ☐ Behavioral
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ Developmental
- ☐ Diabetes
- ☐ Failure to thrive
- ☐ Heart failure
- ☐ Kidney failure
- ☐ Language/Speech
- ☐ Obesity
- ☐ Scoliosis
- ☐ Seizures
- ☐ Sickle cell
- ☐ Significant food/medication/environmental allergies that may require emergency medical care. *Details provided below.*
- ☐ Long-term medications, over-the-counter-drugs (OTC) or special care requirements. *Details provided below.*
- ☐ Significant health history, condition, communicable illness, or restrictions. *Details provided below.*
- ☐ **Other:**_____

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. _____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB?
- ☐ High → *complete skin test and/or Quantiferon test*
- ☐ Low

Skin Test Date: | **Quantiferon Test Date:**

Skin Test Results: ☐ Negative ☐ Positive, CXR Negative ☐ Positive, CXR Positive ☐ Positive, Treated

Quantiferon Results: ☐ Negative ☐ Positive ☐ Positive, Treated

Additional notes on TB test:

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS *Every child must have 2 lead tests by age 2*	**1st Test Date:**	**1st Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**1st Serum/Finger Stick Lead Level:**
	2nd Test Date:	**2nd Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**2nd Serum/Finger Stick Lead Level:**

HGB/HCT Test Date: | **HGB/HCT Result:**

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Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name: | **Child First Name:** | **Date of Birth:**

Immunizations	**In the boxes below, provide the dates of immunization (MM/DD/YY)**						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by:_____ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Coronavirus (COVID)	1	2	3	4	5	6	7
Other	1	2	3	4	5	6	7

☐ The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:**_____

Medical Exemption (if applicable)
I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV
☐ COVID-19

Is this medical contraindication permanent or temporary? ☐ Permanent ☐ Temporary until:_____(date)

Reason for the medical exemption:_____

Alternative Proof of Immunity (if applicable)
I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or childcare activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports.** ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance from: _____

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp

Provider Name:
Provider Phone:
Provider Signature: | **Date:**

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name: | **Signature:** | **Date:**

Health Suite Personnel Name: | **Signature:** | **Date:**

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Electronic Universal Health (e-UHC) Certificate

- The e-UHC allows healthcare providers to complete and submit the universal health certificate (UHC) for your child online, through the DC Health Provider Portal
- Once submitted in the portal, your child's UHC information will be made available to your child's school and school health suite staff
- Families can still request a paper copy of the UHC from your child's healthcare provider
- The e-UHC will eliminate barriers of families having to return the paper copy back to school

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School-Based Oral Health Program

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School-Based Oral Health Program

- Program provides preventive dental services for children in DC schools
  - Services are free
  - Includes screening, cleaning, and more
  - Parents do not have to be present for services
- Improves oral health and readiness to learn
- The Program Dentists will complete the Oral Health Assessment Form
- Who qualifies?
  - Program is for children ages 1 – 19 years
  - Have not seen a dentist in the last 6 months
  - Do not need dental coverage to participate

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How to participate

- Complete a School-Based Oral Health Program Consent Form and hand it in to school health suite
  - The form is available online
- The Program focuses on schools with the greatest need
  - DC Health is expanding the Program to serve more schools this year
- If a child needs follow-up care
  - Student will receive a note to take home to parents
  - Program staff will also follow-up with families to help connect them with a dental home

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Government of the District of Columbia
School Based Oral Health Program Consent Form

Dear Parent or Guardian:

The District of Columbia Department of Health (DC Health) sponsors preventive dental services at your child's school/facility through the DC School-Based Oral Health Program (SBOHP). Through this program, licensed dentists and their staff provide exams ("checkups") and x-rays to students who have not seen a dentist in six (6) months. The services include dental cleanings, fluoride treatments, and sealants (as needed). Children who may need additional services such as fillings, drillings, shots, tooth removal, or braces, will be referred to their dental homes. Information from your child's visit will be shared with the appropriate point of contact at the school/facility, and with the SBOHP for the purposes of follow-up, and program monitoring.

PLEASE NOTE: Children should see their dentists every six (6) months. The SBOHP services should NOT take the place of a visit to a child's regular dentist. The dental providers will check for dental insurance coverage and the last dental visit for all children to be seen at the school/facility and will bill insurance for any services provided.

CHILD/STUDENT INFORMATION	
Child Name:	
Date of Birth (MM/DD/YY):	**Current Gender Identity:**
Home Address (Street, City, State, Zip Code):	
School/Facility Name:	**Grade:**
Teacher Name:	
Parent/Guardian Name:	
Phone Number:	**Alternate Phone Number:**
Email Address:	
Last Dental Visit: ☐ 1–3 Months ago ☐ 4–6 Months ago ☐ 6+ Months ago ☐ Unsure ☐ Never	
Primary Dental Provider:	

HEALTH INSURANCE
You must select one of the checkboxes and provide all related information in order for your child to receive services.

☐ **This child has the following Medicaid/Health Families insurance plan:**
☐ DC Healthy Families ☐ DC Medicaid ☐ AmeriHealth Caritas ☐ MedStar Family Choice ☐ CareFirst
☐ Health Services for Children with Special Needs ☐ Other: _____
☐ Medicaid/DC Healthy Families #: _____

☐ **This child has private dental insurance:**

Insurance Company:	Insurance Co. Phone:
Employer:	Employer Phone:
Name of Insured Adult:	Insured Adult's Date of Birth:
Member ID/Policy #:	Group #:

☐ **This child does not have any dental insurance**

Revised 11/2021

Please complete and sign the consent form on the back

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District of Columbia School Immunization Policy

2023-24 School Year

DISTRICT OF COLUMBIA SCHOOL IMMUNIZATION POLICY

All DC students must be up to date on their immunizations before next school year!

1

SCHEDULE YOUR CHILD'S ANNUAL WELLNESS VISIT

Schedule your child's annual wellness visit today, and ask your healthcare provider to complete the Universal Health Certificate. If your child receives an immunization during the visit, ask for written proof of the immunization that you can share with your school.

2

MAKE SURE YOUR CHILD HAS RECEIVED ALL OF THEIR IMMUNIZATIONS

Not sure if your child has received all of their required immunizations? Ask your primary care provider, and request a copy of your child's immunization history to share with your school.

3

SUBMIT IMMUNIZATION DOCUMENTS TO YOUR SCHOOL

Submit the Universal Health Certificate and any other immunization documents to your child's school to guarantee they are ready for next school year. Not sure if your child's school has all the immunization documents they need? Call the school and ask today!

Student Health Forms

- Students are required to complete and submit health forms to their school each year.
  - Universal Health Certificate (UHC)
  - Oral Health Assessment (OHA)
- These documents help inform school health staff (e.g., school nurse or health technician) of the student's compliance with the District's health and immunization requirements and provide information on student health conditions so that they receive necessary health services.

DC School Immunization Policy Key Dates for the 2023-24 School Year

Activities that apply to all students are highlighted in blue, and activities that apply only to non-compliant students in grades pre-K 3, kindergarten, 7 and 11 are highlighted in green.

Students in grades pre-k 3, kindergarten, 7 and 11 will face temporary exclusion if they are not up to date on the immunization requirements.

- **Summer** – Families schedule routine well-child visits with their primary care provider and request that the provider complete the Universal Health Certificate and administer any necessary immunizations.
- **Start of school** – Families submit necessary health forms and proof of immunizations to the school (including the Universal Health Certificate, Oral Health Assessment, and any other necessary health documents).
- **September**: Schools identify students who are missing health forms and/or immunizations and conduct outreach to those families.
- **October**: Students enrolled in grades pre-K 3, kindergarten, 7 and 11 who are still missing their immunizations will receive a series of reminders and warnings from the school to submit proof of immunizations or risk temporary exclusion.
- **December**: Students enrolled in grades pre-K 3, kindergarten, 7 and 11 who are still missing their required immunizations after repeated reminders and warnings will be temporarily excluded from school until the necessary documents are submitted to the school.

OSSE

For more information, visit
osse.dc.gov/immunization

Immunization Requirements and Vaccine Access

DC Health Immunization Division

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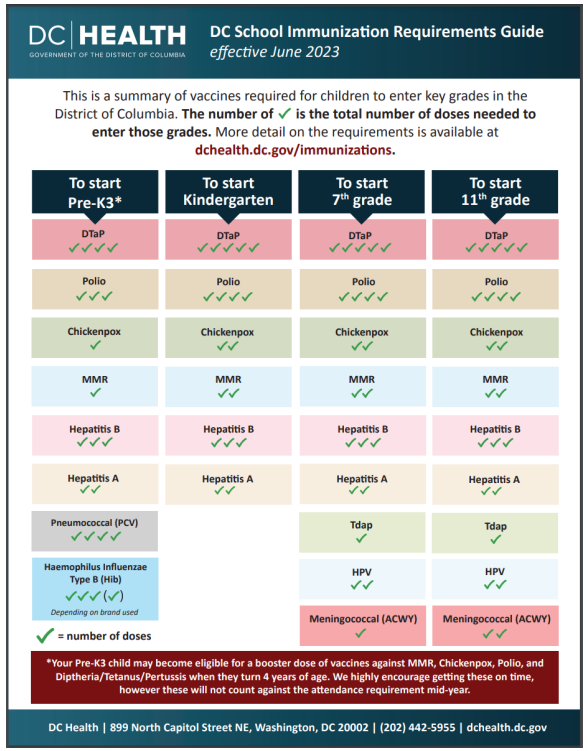
DC Health School Immunization Requirements SY23-24

This school year, DC Health has updated the definition of compliance to make it clearer for families and simpler for schools and healthcare providers to know when a child needs any given vaccine. As soon as it is due (based on the CDC schedule), it is required to attend school.

https://www.cdc.gov/vaccines/parents/schedules/index.html



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DC School Immunization Requirements Guide
effective June 2023

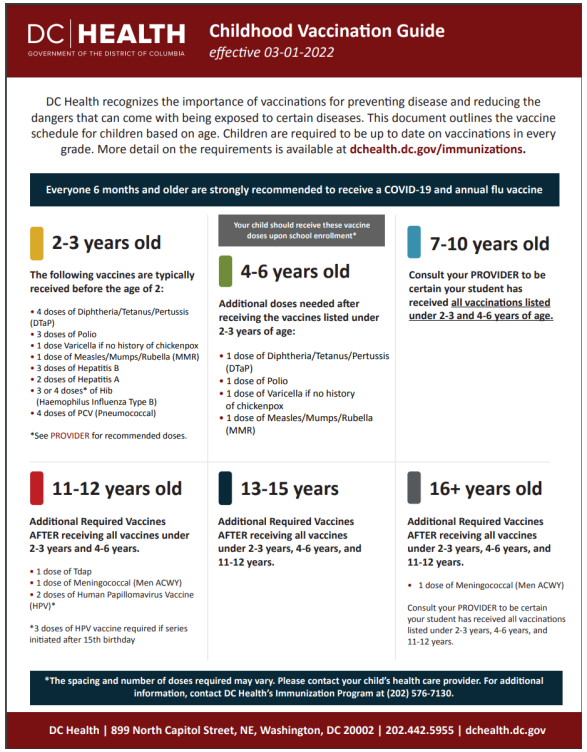
This is a summary of vaccines required for children to enter key grades in the District of Columbia. **The number of ✓ is the total number of doses needed to enter those grades.** More detail on the requirements is available at **dchealth.dc.gov/immunizations.**

To start Pre-K3*	To start Kindergarten	To start 7th grade	To start 11th grade
DTaP ✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓
Polio ✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓
Chickenpox ✓	Chickenpox ✓✓	Chickenpox ✓✓	Chickenpox ✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓
Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓
Pneumococcal (PCV) ✓✓✓✓		Tdap ✓	Tdap ✓
Haemophilus Influenzae Type B (Hib) ✓✓✓ (✓) *Depending on brand used*		HPV ✓✓	HPV ✓✓
		Meningococcal (ACWY) ✓	Meningococcal (ACWY) ✓✓

✓ = number of doses

*Your Pre-K3 child may become eligible for a booster dose of vaccines against MMR, Chickenpox, Polio, and Diptheria/Tetanus/Pertussis when they turn 4 years of age. We highly encourage getting these on time, however these will not count against the attendance requirement mid-year.

DC Health | 899 North Capitol Street NE, Washington, DC 20002 | (202) 442-5955 | dchealth.dc.gov



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Childhood Vaccination Guide
effective 03-01-2022

DC Health recognizes the importance of vaccinations for preventing disease and reducing the dangers that can come with being exposed to certain diseases. This document outlines the vaccine schedule for children based on age. Children are required to be up to date on vaccinations in every grade. More detail on the requirements is available at **dchealth.dc.gov/immunizations.**

Everyone 6 months and older are strongly recommended to receive a COVID-19 and annual flu vaccine

Your child should receive these vaccine doses upon school enrollment*

2-3 years old

The following vaccines are typically received before the age of 2:

- 4 doses of Diphtheria/Tetanus/Pertussis (DTaP)
- 3 doses of Polio
- 1 dose Varicella if no history of chickenpox
- 1 dose of Measles/Mumps/Rubella (MMR)
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 3 or 4 doses* of Hib (Haemophilus Influenza Type B)
- 4 doses of PCV (Pneumococcal)

*See PROVIDER for recommended doses.

4-6 years old

Additional doses needed after receiving the vaccines listed under 2-3 years of age:

- 1 dose of Diphtheria/Tetanus/Pertussis (DTaP)
- 1 dose of Polio
- 1 dose of Varicella if no history of chickenpox
- 1 dose of Measles/Mumps/Rubella (MMR)

7-10 years old

Consult your PROVIDER to be certain your student has received all vaccinations listed under 2-3 and 4-6 years of age.

11-12 years old

Additional Required Vaccines AFTER receiving all vaccines under 2-3 years and 4-6 years.

- 1 dose of Tdap
- 1 dose of Meningococcal (Men ACWY)
- 2 doses of Human Papillomavirus Vaccine (HPV)*

*3 doses of HPV vaccine required if series initiated after 15th birthday

13-15 years

Additional Required Vaccines AFTER receiving all vaccines under 2-3 years, 4-6 years, and 11-12 years.

16+ years old

Additional Required Vaccines AFTER receiving all vaccines under 2-3 years, 4-6 years, and 11-12 years.

- 1 dose of Meningococcal (Men ACWY)

Consult your PROVIDER to be certain your student has received all vaccinations listed under 2-3 years, 4-6 years, and 11-12 years.

***The spacing and number of doses required may vary. Please contact your child's health care provider. For additional information, contact DC Health's Immunization Program at (202) 576-7130.**

DC Health | 899 North Capitol Street, NE, Washington, DC 20002 | 202.442.5955 | dchealth.dc.gov

Pediatric Vaccination Opportunities

Children's National Mobile Medical Program

School-Located Mobile Clinics

- Weekly pediatric vaccine clinics will take place from October to early-December at DC schools.
- School leaders can request a vaccine clinic using DC Health's Vaccine Exchange

Saturday Vaccination Events

- Pediatric vaccine clinics offering routine immunizations, flu, COVID-19 vaccines, and more.
  - August 19th – Friendship Armstrong
  - September 9th – Howard University Hospital/Shaw
  - September 30th – The Big Chair/Anacostia
  - 3 community-based events in Nov through Dec (Days and Times TBD)

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Pediatric Vaccination Opportunities

Medstar Georgetown Kids Mobile Medical Clinic

Community Vaccine Mobile Clinics

- Weekly pediatric vaccine clinics that will take place on Tuesdays from August to December at one of three rotating locations:
  - 5231 Cloud Pl NE
  - 1230 Potomac Ave SE
  - 1350 Canal St SW
- To schedule a vaccine appointment: scan the QR code below; or call 202-444-8888

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Pediatric Vaccination Opportunities

- Any student 3 and older can receive all school-required vaccinations, regardless of where they are enrolled
- Also open to adults to receive COVID-19 vaccinations!

- List of Schools:
  - Anacostia High School
  - Ballou High School
  - Cardozo Education Campus
  - Coolidge High School
  - Dunbar High School
  - H.D. Woodson High School
  - Roosevelt High School

School-Based Health Centers

Anacostia High School
1601 16th St., SE
Washington, DC 20020
P: 202.724.5529
Tue. | 9am – 12pm
July 3 – August 25

Cardozo Education Campus
1200 Clifton St., NW
Washington, DC 20009
P: 202.727.5148
Mon., Wed., Fri. | 8am – 12pm
July 3 – August 25

Roosevelt High School
4301 13th St., NW
Washington, DC 20011
P: 202.727.6333
Wed. | 12:30pm - 3:30pm
July 3 – August 25

Ballou High School
3401 4th St., SE
Washington, DC 20032
P: 202.645.3843
Tue., Thu. | 8am – 12pm
July 3 – August 4

Tue., Thu. | 8am – 4:30pm
August 5 - August 25

Coolidge High School
6315 5th St., NW
Washington, DC 20011
P: 202.847.4077
Wed., Fri. | 8am - 4:30pm
July 3 – August 25

H.D. Woodson High School
540 55th St., NE
Washington, DC 20019
P: 202.724.2287
Tue., Wed., Fri. | 8am - 12pm
July 3 – August 25

Dunbar High School
101 N St., NW
Washington, DC 20002
P: 202.724.4086
Tues., Fri. | 8am - 4:30pm
July 3 – August 25

To make an appointment, call the number at the location nearest you, or use the QR code to schedule an appointment online.

For a calendar of vaccination opportunities, visit pedsvax.dc.gov

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Contact Information

- Email: **shs.program@dc.gov**
- Visit the DC Health webpage: **https://dchealth.dc.gov/service/school-health-services-program**
- You can also submit any questions or requests through the DC Health School Health Services Program Portal: **dchealth.force.com/studenthealthservices**

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For more information on the District's COVID-19 response, visit **coronavirus.dc.gov**