

**CITY OF BRIDGEPORT  
BOARD OF EDUCATION**



**KINDERGARTEN AND NEW STUDENTS-HEALTH REQUIREMENTS FOR SCHOOL ADMISSION**

The Bridgeport Board of Education and the Connecticut Department of Public Health require primary immunization and a school health assessment prior to initial school enrollment. If you have a child entering Kindergarten this Fall or are new to Bridgeport please read the following:

**All new students must provide** specific mandated health information to the School Nurse in their school **before** being permitted to enter. The physical assessment that your physician will perform should be recorded on a blue CT HAR form, which is available at the school or the Board of Education. The assessment must be performed by a physician licensed in the United States and it must be dated within one year prior to date of registration/entry into school.

**Parents are advised to review this form with their physician to insure completeness. Without a completed form students cannot start school.**

**REQUIRED INFORMATION**

<ul style="list-style-type: none"> <li>• Date of Exam (month/day/year)</li> <li>• Height and Weight</li> <li>• Blood Pressure</li> <li>• Hematocrit/Hemoglobin</li> </ul>	<ul style="list-style-type: none"> <li>• Vision Screen</li> <li>• Auditory Screen</li> <li>• Gross Dental Assessment</li> <li>• Scoliosis Screen</li> </ul>	<ul style="list-style-type: none"> <li>• Other test (see TB requirements)</li> <li>• Chronic Disease Assessment</li> <li>• Signature of Physician</li> <li>• Address and Telephone</li> </ul>
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**REQUIRED IMMUNIZATION (OR CONFIRMATION OF DISEASE)**  
*(Month/Day/Year Must Be Provided For Each Immunization)*

<ul style="list-style-type: none"> <li>✓ <b>4 DTaP (Gr K)</b>(diphtheria, pertussis, tetanus) - last dose received on or after the 4<sup>th</sup> birthday.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Hepatitis B</b> – Students entering all grades K through 12 must have completed a three-dose series of Hepatitis B Vaccine.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>4 DTaP/Td/Tdap(Gr1-6)</b> – last dose received On or after the 4<sup>th</sup> birthday.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>2 Hepatitis A</b> – 2 doses given 6 months apart, 1<sup>st</sup> dose after 1<sup>st</sup> B’day.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>1 Tdap/Td (Grade 7)</b> 1 dose for students who have completed their primary DTaP series.</li> </ul>	<p><b>TEST FOR TUBERCULOSIS</b> –each child enrolling in school for the first time (and at each mandated physical examination in K, 6<sup>th</sup> and 9<sup>th</sup> or 10<sup>th</sup> grades), must have an assessment for exposure to tuberculosis disease. If a PPD is done, results must be read prior to entry.</p>
<ul style="list-style-type: none"> <li>✓ <b>3 TOPV or IPV</b> (polio) – last dose received on or after the 4<sup>th</sup> birthday.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>VARICELLA</b> (chickenpox) – students grades <b>K, 7, 9 through 12 grades -2 doses</b> separated by 3 months, first dose on or after 1<sup>st</sup> birthday. All other students 1 dose.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>2 MMR</b> (measles, mumps, rubella) – first dose must be given on or after the first birthday. Students entering grades Kindergarten through 12<sup>th</sup> must show proof of a <b>SECOND</b> dose of <b>MMR</b>.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>MENINGOCOCCAL</b> – 1 dose-Grade 7</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>1 HIB</b> (haemophilus influenza, type b) – for those entering before the age of 5 years, a single dose of <b>HIB</b> is required on or after the first birthday.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>INFLUENZA(PreK)</b> – 1 dose administered each year between August 1<sup>st</sup> - December 31<sup>st</sup>.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>1 Pneumococcal</b> 1 dose – for those entering before the age of 5 years on or after 1<sup>st</sup> birthday.</li> </ul>	