



# Student Health Screening Work Group

One Year Later



Authorship – Iowa Department of Public Health, Student Health Screening Programs  
August 2019

**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans



**Iowa Department of Education**  
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Service



## Acknowledgements

Suggested Citation:

Iowa Department of Public Health. *Student Health Screening Work Group: One Year Later 2019*. Des Moines: Iowa Dept. of Public Health, 2019.

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## Executive Summary

Senate File (SF) 475, passed during the 2018 legislative session, directed the Iowa Department of Public Health (IDPH) and the Iowa Department of Education (IDOE) to convene a work group to study student health screening requirements for schools, and to make recommendations to reduce administrative burdens on schools. The work group presented eight consensus recommendations that the Departments of Public Health and Education would work on.

### **Recommendations for IDPH and IDOE action (*legislative action not necessary*):**

1. IDPH will create and/or revise educational materials for all the student health screening programs, including identifying additional resources for vision and dental screenings, and distribute this information to screening providers and school officials.
2. IDPH will create template letters schools can use to communicate with parents and guardians about student health screening programs. Template letters will address student health screening requirements and identify resources available to families such as Iowa Kidsight, I-Smile, Prevent Blindness Iowa and the United Way.
3. IDPH and IDOE will revise and clarify guidance for schools regarding the efforts necessary to comply with the intent of Iowa Code sections 135.17 (dental), 135.39D (vision) and 135.105D (blood lead).
4. IDPH, IDOE and school nurses will promote the use of existing venues to share best-practice information that demonstrates efficiency in compliance with the screening requirements, such as an existing school nurse group email list and other established communication methods.
5. IDPH Immunization program will continue to support the Iowa Immunization Registry Information System (IRIS) enhancements and advancements in automation of data collection and exchange between providers, state agencies and schools.
6. IDPH Lead program will evaluate data matching results for causes of non-match records, and use these results to educate health care providers about the importance of accurate data submission and reporting.
7. IDPH and IDOE will evaluate the auditing requirements of the dental screening program for efficiencies, and define the value the audit provides.
8. IDPH vision program will seek input from eye-care professionals to consolidate a single reporting form for vision screenings/exams, and to ensure complete and accurate information is collected.

Work completed on each of these recommendations was in preparation for the 2019-2020 academic school year. An overview of the work done to date is included in this “One Year Later” report. The original report can be found on the Iowa Legislature webpage at <https://www.legis.iowa.gov/docs/publications/DF/1023099.pdf>.

## Glossary

**Schools:** public schools and accredited non-public schools

**Screening provider:** health care professionals who conduct screenings and other vision screening providers

## List of Acronyms

IDOE .....	Iowa Department of Education
IDPH .....	Iowa Department of Public Health
OHC .....	Oral Health Center

## Background

In 2018, the Iowa Legislature considered action in response to concerns raised by schools regarding the burden experienced in carrying out various student health screening requirements. After considering input from various interest groups, the legislature passed Senate File (SF) 475. Senate File 475 directed the Iowa Departments of Public Health (IDPH) and Education (IDOE) to convene a work group to study the student health screening programs. The work group met over a four-month period to discuss and strategize how to reduce administrative burden for schools while maintaining the purpose of the health screening programs.

For more information on the work group process and recommendations made to the Iowa Legislature, please see the full report at <https://www.legis.iowa.gov/docs/publications/DF/1023099.pdf>. The purpose of the “One Year Later” report is to provide an update for work group members, Iowa policy makers and other interested parties. Each recommendation provides a brief explanation of the steps the IDPH and IDOE have taken to provide guidance and resources to help reduce administrative burdens for schools in implementing the student health screening programs.

## Recommendation Updates

*Table 1 Updates on recommendations which do not require legislative action*

- 1. IDPH will create and/or revise educational materials for all the student health screening programs, including identifying additional resources for vision and dental screenings, and distribute this information to screening providers and school officials.**

Update on progress: IDPH created a one-page informational sheet (Appendix A) as a quick reference for school nurses and administrators, and health care providers on the requirements for screenings in kindergarten, third and ninth grade. The informational one-pager outlines the requirements for student health screening programs, as well as where to find additional information. The information sheet will be available to school nurses and officials on the newly designed Iowa Department of Public Health Student Health Screening webpage and saved in the school nurse Google site hosted by IDOE.

Communication about the new one-page informational sheet will occur through the IDOE school nurse Google group, which includes over 900 school nurses, administrators, public health professionals and state employees. Additionally, the IDOE will include this information in the monthly school leader update in September 2019.

To ensure student health screening information gets to healthcare providers, the IDPH will send it out on various group email lists within the department. For example, the Center for Acute Disease Epidemiology (CADE) at IDPH writes a Friday Epi Update that goes to a variety of healthcare providers across the state. In the fall of 2019, IDPH will include an article about student health screenings to increase awareness of the various screening requirements. The intent is to give healthcare providers a better understanding of the requirements and encourage them to talk with parents or guardians about the need for health screenings.



- 2. IDPH will create template letters schools can use to communicate with parents and guardians about student health screening programs. Template letters will address student health screening requirements and identify resources available to families such as Iowa Kidsight, I-Smile, Prevent Blindness Iowa and the United Way.**

Update on progress: The IDPH vision and dental programs created template letters (Appendix B) for use by school nurses and administrators for the 2019-2020 academic school year. The childhood lead program updated the program template letter for the 2019-2020 school year. The template letters communicate to parents and guardians the need for the health screenings, what the IDPH requirements are and more information on how to get a screening for students who are missing proper documentation for vision, dental or lead.

The immunization program worked with the IDOE to obtain examples of letters schools have been using to inform parents or guardians about immunization requirements for students. Standard immunization template letters will be shared with schools to use when informing parents about immunization requirements and exclusion actions that may be taken on the first day of school if proper documentation is not provided for the student.

The intent of the template letters is to reduce time burdens on school staff to draft letters, ensure consistency among schools across Iowa in providing follow-up information and resources, and strengthen enforcement efforts for immunization. IDPH staff will review template letters prior to the start of each academic school year and provide updates to schools. All templates have been or soon will be translated into Spanish. The template letters will be available to school nurses and officials through the newly designed Iowa Department of Public Health Student Health Screening webpage and saved on the school nurse Google site hosted by IDOE.

- 3. IDPH and IDOE will revise and clarify guidance for schools regarding the efforts necessary to comply with the intent of Iowa Code sections 135.17 (dental), 135.39D (vision) and 135.105D (blood lead).**

Update on progress: The IDPH wrote a “Follow-up Guidelines” memo to school nurses and officials (Appendix C) outlining the reasonable number of attempts school staff should make when communicating with parents or guardians regarding the required student health screenings. The intent of this guidance is to provide clarity to school officials about the amount of effort school staff should put into obtaining documentation of schools screenings in satisfying their legal obligation of the student health screening rules.

In September 2019, the IDOE will send the memo to the school nurse Google group and will include it in the monthly school leader update. The memo will also be available to school nurses and officials on the newly designed Iowa Department of Public Health Student Health Screening webpage and saved on the school nurse Google site hosted by IDOE.

- 4. IDPH, IDOE and school nurses will promote the use of existing venues to share best-practice information that demonstrates efficiency in compliance with the screening requirements, such as school nurse group email list and other established communication methods.**

Update on progress: IDPH and IDOE have been in communication about the best way to share information about health screenings with schools including the IDOE school nurse Google group and school nurse Google site. Both organizations will continue to use these venues to share updated information about school screenings. IDOE will also continue to encourage the use of these venues for schools to share information about best practices when it comes to school screenings.

In addition to existing venues, the IDPH created a combined child health screening webpage that includes links to each of the individual health screening programs (lead, immunization, vision and dental). The webpage will serve as an easy access one-stop shop for schools and health care providers to get information about student health screenings.

**5. IDPH Immunization program will continue to support the Iowa Immunization Registry Information System (IRIS) enhancements and advancements in automation of data collection and exchange between providers, state agencies and schools.**

Update on progress: The IDPH Bureau of Immunization and Tuberculosis has continued to maintain a hosting, maintenance and service agreement with the IRIS software vendor which provides a platform to identify, plan for and implement additional enhancements.

**6. IDPH Lead program will evaluate data matching results for causes of non-match records and use these results to educate health care providers about the importance of accurate data submission and reporting.**

Update on progress: Each school year, the IDPH match identifies approximately 25% of the enrolled students that do not have a lead screening record documented in the IDPH database. The IDPH has investigated reasons why this may be the case. The following are a list of reasons:

- The matching process that is completed requires an exact match with the child's name and birth data. There are discrepancies (a non-exact match) between the IDPH database and the names and birthdates that are provided by the school.
- There are a certain number of children who have received a blood lead test while they lived in another state and that test is not reported to IDPH.
- Some blood lead test results are not getting into the IDPH database. IDPH has identified laboratories that are submitting fewer blood lead test results than before. This may account for several thousand blood lead tests per year that are not reported to IDPH. The IDPH is working with these labs to obtain the missing test results.

The department communicated with all laboratories through a letter to explain the required information to be submitted with blood lead tests, and stressed the need for accuracy of this information.

**7. IDPH and IDOE will evaluate the auditing requirements of the dental screening program for efficiencies and define the value the audit provides.**

Update on progress: The IDPH Oral Health Center (OHC) has created a school screening audit report card to demonstrate the value of dental health screening. The report card includes data for each school on how many kindergartners and ninth graders submitted a valid screening certificate, how many students had additional dental needs, how many students received a free dental screening from I-Smile, and how many students received care coordination from I-Smile to receive needed dental services. The OHC will begin using the report card for the 2019-2020 academic school year.

The OHC will receive feedback from schools after one year to determine if the report card provided additional justification for the audit process. The OHC will complete an evaluation of the dental screening program to identify additional changes and improvements to the audit process prior to December 31, 2019.

**8. IDPH vision program will seek input from eye-care professionals to consolidate a single reporting form for vision screenings/exams, and to ensure complete and accurate information is collected.**

Update on progress: Eye care professionals and IDPH staff collaborated over the last year to consolidate the IDPH Certificate of Vision Screening form and the eye exam form (green card provided by schools) into one (Appendix D). The two forms addressed separate regulations in 135.39D and 280.7A for IDPH and IDOE. Consolidating the two forms should reduce confusion and simplify the vision screening process for screeners as well as school officials collecting documentation. IDPH will host the form on the IDPH Child Vision Screening webpage and share with school nurses and officials in the IDOE school nurse Google site.

## Conclusion

The implementation of these recommendations will occur for the 2019-2020 academic school year. The IDPH and IDOE will review recommendations in the summer of 2020 to gather feedback on the impact of reducing administrative burdens for schools. All materials created for sharing information with partners on student health screenings and the new student health screening webpage will be updated on an annual basis before the start of the academic year.

## **Appendix A – Student Health Screening Requirements One-Pager**

A reference for school nurses and administrators, and health care providers on the requirements for screenings in kindergarten, third and ninth grade. The informational one-pager outlines the requirements for student health screening programs, as well as where to find additional information. See following pages for full document.

# IOWA

## Student Health Screening Requirements

### 3rd Grade

#### Vision Screening

- No earlier than 1 year prior and no later than 6 months after enrollment
- Can be provided by ophthalmologist or optometrist or pediatrician's or family practice physician's office, a free clinic, a child care center, a local public health department, a public or accredited nonpublic school, or a community-based organization or by an advanced registered nurse practitioner or physician assistant
- Submitted electronically through IRIS or hard copy (no required form)

### 9th Grade

#### Dental Screening

- No earlier than 1 year prior to enrollment and no later than 4 months after enrollment
- Must be provided by licensed dentist or dental hygienist
- Must use IDPH Certificate of Dental Screening

Schools are a critical partner in ensuring students are healthy and ready to learn. It is important to link students with available services to provide the best opportunity for the student to succeed. In Iowa, there are four health screening programs regulated by the state and implemented by the schools: immunization, dental, vision and blood lead.



### Kindergarten

#### Dental Screening

- No earlier than age 3 and no later than 4 months after enrollment
- Can be provided by a licensed dentist, dental hygienist, physician, physician assistant, registered nurse or ARNP
- Must use IDPH Certificate of Dental Screening

#### Vision Screening

- No earlier than 1 year prior and no later than 6 months after enrollment
- Can be provided by ophthalmologist or optometrist or pediatrician's or family practice physician's office, a free clinic, a child care center, a local public health department, a public or accredited nonpublic school, or a community-based organization or by an advanced registered nurse practitioner or physician assistant
- Submitted electronically through IRIS or hard copy (no required form)

#### Lead Screening

- At least one Blood Lead Test should occur prior to six years of age
- List of students supplied by school districts to IDPH within 60 days of enrollment

*For immunization requirements, see next page*

# IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. <b>Routine vaccination begins at 2 months of age.</b>	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
Varicella		1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.	
24 months of age and older	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio	3 doses	
	<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. <b>Hib vaccine is not required for persons 60 months of age or older.</b>	
	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. <b>Pneumococcal vaccine is not required for persons 60 months of age or older.</b>	
	Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2003 <sup>2, 3</sup> ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine.
		Polio	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 <sup>7</sup> ; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>6</sup> <b>Polio vaccine is not required for persons 18 years of age or older.</b>
		Measles/Rubella <sup>1</sup>	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>
		Meningococcal (A, C, W, Y)	1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

<sup>3</sup> The 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age.

<sup>4</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

<sup>5</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

<sup>6</sup> If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age.

<sup>7</sup> If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

<sup>8</sup> Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2<sup>nd</sup> dose if administered 28 days or greater from the 1<sup>st</sup> dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1<sup>st</sup> and 2<sup>nd</sup> dose of varicella for an applicant 13 years of age or older is 28 days.

## **Appendix B – Student Health Screening Template Letters**

Template letters for use by school nurses and administrators for the 2019-2020 academic school year. The template letters communicate the need for the health screenings, IDPH requirements, and more information on where to get a screening to parents and guardians of students who are missing proper documentation for vision, dental or lead. See following pages for full documents.



DATE: 2019-2020 School Year

TO: Parents/Guardians of Kindergarten students

FROM: Bureau of Oral and Health Delivery System, Iowa Department of Public Health

**TOPIC: Iowa's Certificate of Dental Screening Law**

Since 2008, the State of Iowa requires students entering kindergarten to provide proof of a dental screening to their school. You are receiving this letter because, according to school records, there is not a Certificate of Dental Screening on file for your child.

Please schedule a dental exam or screening as soon as possible to have the required paperwork completed. Medicaid, Hawki and private dental insurance plans will pay for a dental exam. If you do not have a dentist or a way to pay for the exam, please contact your school nurse to assist you.

If your child has had a dental exam or screening since turning three years of age but has not yet turned in the Certificate of Dental Screening, please ask the person who provided the exam or screening to complete the Certificate as soon as possible. Once completed, submit the form to the school nurse. To help you with this, the Certificate of Dental Screening is on the next page.

The intent of the School Dental Screening law is to improve the oral health of Iowa children – finding cavities or other problems early, lowering treatment costs, and teaching children how to care for their teeth and gums through proper brushing and choosing healthy foods and drinks. Having good oral health makes children better learners in school.

Your attention to this matter is appreciated. Thank you!

For more information about the school dental screening law, you may contact the Iowa Department of Public Health at 1-877-528-4020 or [oral.health@idph.iowa.gov](mailto:oral.health@idph.iowa.gov).





Gerd W. Clabaugh, MPA  
Director

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

DATE: 2019-2020 School Year

TO: Parents/Guardians of 9<sup>th</sup> grade students

FROM: Bureau of Oral and Health Delivery System, Iowa Department of Public Health

**TOPIC: Iowa's Certificate of Dental Screening Law**

Since 2008, the State of Iowa requires students entering 9<sup>th</sup> grade to provide proof of a dental screening to their school. You are receiving this letter because, according to school records, there is not a Certificate of Dental Screening on file for your child.

Please schedule a dental exam or screening as soon as possible to have the required paperwork completed. Medicaid, Hawki and private dental insurance plans will pay for a dental exam. If you do not have a dentist or a way to pay for the exam, please contact your school nurse to assist you.

If your child has had a dental exam or screening in the past 12 months but has not yet turned in the Certificate of Dental Screening, please ask the person who provided the exam or screening to complete the Certificate as soon as possible. Once completed, submit the form to the school nurse. To help you with this, the Certificate of Dental Screening is on the next page.

The intent of the School Dental Screening law is to improve the oral health of Iowa children – finding cavities or other problems early, lowering treatment costs, and teaching children how to care for their teeth and gums through proper brushing and choosing healthy foods and drinks. Having good oral health makes children better learners in school.

Your attention to this matter is appreciated. Thank you!

For more information about the school dental screening law, you may contact the Iowa Department of Public Health at 1-877-528-4020 or [oral.health@idph.iowa.gov](mailto:oral.health@idph.iowa.gov).

**School Immunization Letter Template**  
**Exclusion from School - No Immunization Record**

<School Letterhead>

<Date>

Dear <Parent/Guardian>,

The purpose of this letter is to inform you <School Name> has not received <Child's Name> certificate of immunization. If a certificate of immunization is not submitted, your student will not be allowed to start school. This requirement has no grace period, meaning your student will not be allowed to attend the first day of school. Students will be excluded from school until compliant with the immunization requirement per Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139). Submission of a certificate of immunization and return of your child to school is anticipated at the earliest possible date. All absences related to non-compliance of this requirement will be unexcused.

The State of Iowa immunization law and administrative rules [Chapter 139a.8(6) and 641-7.7(139)] state each enrolled student must have an appropriate certificate of immunization on file with the school the child attends.

If you have questions regarding school immunization requirements, please contact <School Nurse> at <Phone Number>. Thank-you for your prompt assistance with this matter.

<Signature of Principal or Designee>

**School Immunization Letter Template**  
**Kindergarten Round-up Letter**

<School Letterhead>

<Date>

Dear <Parent/Guardian>,

This letter is to inform you <School Name> has not received a certificate of immunization for your soon to be Kindergarten student. The State of Iowa immunization law and administrative rules [Chapter 139a.8(6) and 641-7.7(139)] state each enrolled student must have an appropriate certificate of immunization on file with the school the child will attend. If a certificate of immunization is not submitted, your student will not be allowed to start school.

Submission of a certificate of immunization is anticipated at the earliest possible date. If you have questions regarding school immunization requirements, please contact <School Nurse> at <Phone Number>. Thank-you for your prompt assistance with this matter.

<Signature of Principal or Designee>

## School Immunization Letter Template Provisional Issued

<School Letterhead>

<Date>

Dear <Parent/Guardian>,

In accordance with the Code of Iowa 139A.8 and Iowa Administrative Code 641-7.1(1) (139A), students in Iowa are required to submit a certificate of immunization to the school of attendance. Your student has been provisionally enrolled on the basis of receiving at least one dose of each of the required vaccines OR of being a transfer student from another school. <Include the appropriate language for the basis of the provisional enrollment>

The Provisional Certificate of Immunization on file for <Child's Name> expires on <Date>. This certificate was issued to allow time to complete the series of immunizations as indicated on the enclosed Provisional Certificate of Immunization OR obtained immunization records from another school. <Include the appropriate language for the basis of the provisional enrollment>. Iowa Administrative Code states, "if at the end of the provisional enrollment period the applicant or parent or guardian has not submitted a certificate of immunization, the admitting official shall immediately exclude the applicant from the benefits, activities, and opportunities of the school until the applicant or parent or guardian submits a valid certificate of immunization"[641-7.7(5) (139A)].

Submission of a certificate of immunization is anticipated at the earliest possible date. If you have questions regarding school immunization requirements, please contact <School Nurse> at <Phone Number>. Thank-you for your prompt assistance with this matter.

<Signature of Principal or Designee>

Enclosures: Provisional Certificate of Immunization

## School Immunization Letter Template Provisional Impending Expiration

<School Letterhead>

<Date>

Dear <Parent/Guardian>,

This letter is to inform you of the upcoming expiration of the provisional enrollment for <Student's Name> on <Date>. In accordance with the Code of Iowa 139A.8 and Iowa Administrative Code 641-7.1(1) (139A), students in Iowa are required to submit a certificate of immunization to the school of attendance. Your student has been provisionally enrolled on the basis of receiving at least one dose of each of the required vaccines **OR** being a transfer student from another school. <Include the appropriate language for the basis of the provisional enrollment>

The Provisional Certificate of Immunization was issued to allow time to complete the series of immunizations as indicated on the enclosed Provisional Certificate of Immunization OR obtain immunization records from another school. <Include the appropriate language for the basis of the provisional enrollment>. Iowa Administrative Code states that "if at the end of the provisional enrollment period the applicant or parent or guardian has not submitted a certificate of immunization, the admitting official shall immediately exclude the applicant from the benefits, activities, and opportunities of the school until the applicant or parent or guardian submits a valid certificate of immunization"[641-7.7(5) (139A)].

Submission of a certificate of immunization is anticipated at the earliest possible date. If you have questions regarding school immunization requirements, please contact <School Nurse> at <Phone Number>. Thank-you for your prompt assistance with this matter.

<Signature of Principal or Designee>

Enclosures: Provisional Certificate of Immunization

## School Immunization Letter Template Provisional Expiration - Exclusion from School

<School Letterhead>

<Date>

Dear <Parent/Guardian>,

This letter is to inform you the provisional enrollment period for <Student's Name> has expired effective <Date>. In accordance with the Code of Iowa 139A.8 and Iowa Administrative Code 641-7.1(1) (139A), students in Iowa are required to submit a certificate of immunization to the school of attendance. Your student has been provisionally enrolled on the basis of receiving at least one dose of each of the required vaccines **OR** being a transfer student from another school. <Include the appropriate language for the basis of the provisional enrollment>

The Provisional Certificate of Immunization was issued to allow time to complete the series of immunizations as indicated on the enclosed Provisional Certificate of Immunization OR obtained immunization records from another school. <Include the appropriate language for the basis of the provisional enrollment>. Iowa Administrative Code states that "if at the end of the provisional enrollment period the applicant or parent or guardian has not submitted a certificate of immunization, the admitting official shall immediately exclude the applicant from the benefits, activities, and opportunities of the school until the applicant or parent or guardian submits a valid certificate of immunization"[641-7.7(5) (139A)].

This requirement has no grace period and your student will be excluded from school effective <date> until compliant with the immunization requirement per Iowa Code, Chapter 139a.8(6) and Iowa Administrative Code, 641-7.7(139). Submission of a certificate of immunization and return of your child to school is anticipated at the earliest possible date. All absences related to non-compliance of this requirement will be unexcused.

If you have questions regarding school immunization requirements, please contact <School Nurse> at <Phone Number>. Thank-you for your prompt assistance with this matter.

<Signature of Principal or Designee>

Enclosures: Provisional Certificate of Immunization



**Iowa Department of Public Health**  
Protecting and Improving the Health of Iowans

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Gerd W. Clabaugh, MPA  
Director

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

DATE: November 2019

TO: Parent/Guardian of a Kindergartner

FROM: Stuart Schmitz; State Toxicologist | Bureau of Environmental Health

TOPIC: **Your child may need a blood lead test**

You are receiving this communication because, according to the Iowa Department of Public Health records, your child, who is in kindergarten, may not have received a blood-lead test. If your child has received a blood-lead test at any age before six, please disregard this notice.

If your child has not been tested, please have him or her receive a blood-lead test as soon as possible. Medicaid, Hawki and many insurance plans will pay for a blood lead test. If you do not have a way to pay for this test and your child is 5 years-old or younger, please contact our department or your local public health agency to assist you in identifying a place for your child to receive the blood-lead test.

Lead poisoning in Iowa children occurs and is usually associated with learning problems. Receiving a blood-lead test is the only way to identify if your child is lead poisoned.

In 2008, the State of Iowa passed the law Mandatory Blood Lead Testing that requires all children entering kindergarten to have at least one blood-lead test.

The contact person for the Mandatory Blood Lead Testing Program at the Iowa Department of Public Health is:

Rossany Brugger  
Iowa Department of Public Health  
Lead Poisoning Prevention Program  
321 E. 12th Street  
Des Moines, IA 50319  
Phone: (515) 281-3225  
Fax: (515) 281-4529  
[rossany.brugger@idph.iowa.gov](mailto:rossany.brugger@idph.iowa.gov)



**Iowa Department of Public Health**  
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Director

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DATE: 2019-2020 School Year

TO: Parents/Guardians of Kindergarten or Third Grade students

FROM: Bureau of Family Health, Iowa Department of Public Health

TOPIC: Iowa's Child Vision Screening Law

Since 2015, the State of Iowa requires students entering kindergarten and third grade to provide proof of a child vision screening to their school. You are receiving this letter because, according to school records, there is not a child vision screening on file for your child.

Please schedule a vision screening for your child as soon as possible. The Certificate of Vision Screening form is attached. The front side can be completed by a doctor, a physician's assistant, an advanced registered nurse practitioner, a nurse, a school nurse, Prevent Blindness Iowa volunteer or Iowa KidSight and Lion's Club volunteers. The back side of the form is to be completed if your child receives a comprehensive eye exam from an eye doctor or ophthalmologist.

If your child has had a vision screening within the last year but has not yet turned in the results of the screening, please ask the person who provided the screening to complete the Certificate of Vision Screening or provide other proof of screening as soon as possible. Once completed, submit the form or proof of screening to the school nurse. "Other proof of screening" could be a copy of the child's most recent physical if a vision screening was provided, a letter from the child's eye doctor with the results of the vision screening, a copy of the results of an Iowa KidSight/Lion's Club volunteer photo screening, etc.

The intent of the child vision screening law is to improve the eye health of Iowa children. The child vision screening can help with early detection and treatment of visual impairment. Having good eye health makes children better learners in school.

Your attention to this matter is appreciated. Thank you!

For more information about the child vision screening law, you may contact the Iowa Department of Public Health at 1-800-383-3826. You may also read more about the program at <https://idph.iowa.gov/family-health/child-health/vision-screening>.



## **Appendix C – Student Health Screening Follow-Up Guidelines**

“Follow-up Guidelines” memo to school nurses and officials outlining the reasonable number of attempts school staff should make when communicating with parents or guardians regarding the required student health screenings. See following pages for full document.



**To:** AEA and LEA School Nurses and School Nurse Consultants  
AEA Chief Administrators  
LEA Superintendents

**From:** Iowa Department of Public Health (IDPH)

**Date:** August 1, 2019

**Re:** Recommended follow-up for required student health screenings

## Memo:

Schools serve as a critical partner in ensuring students are healthy and ready to learn. When students are identified who may have barriers to learning, it is important to link students and their parents or guardians with available services to provide the best opportunity for the student to succeed.

In Iowa, there are four health screening programs regulated by the state and implemented by the schools: immunization, dental, vision and blood lead. The 2018 legislative session considered action in response to concerns raised by schools regarding the burden experienced in carrying out various student health screening requirements. After considering input from various interest groups, the legislature passed Senate File (SF) 475. SF475 directed the Iowa Departments of Public Health (IDPH) and Education (IDOE) to convene a work group to study the student health screening programs.

As a result of this work group, the IDPH is releasing guidelines for schools to use in regards to follow-up for required student health screenings. These guidelines specify the **most reasonable number of attempts school staff should make** when communicating with parents or guardians regarding the collection of results for the required four health screenings.

### **Immunization:**

On the first day of school a Certificate of Immunization, Certification of Immunization Exemption or Provisional Certificate of Immunization must be on file with the school the child will attend. Students not meeting immunization requirements shall be excluded from school until a completed certificate of immunization is submitted. It is the duty of the school's admitting official to deny enrollment to any student without proper evidence to meet immunization requirements. (See 641 IAC – Chapter 7) Template letters for implementing these requirements are available from IDPH.



**Child Dental Screening:**

A Certificate of Dental Screening or financial hardship/religious exemption form is required for each newly enrolled kindergarten or ninth grade student. If evidence of a dental screening is not provided upon enrollment, one letter provided by IDPH requesting submission of a Certificate of Dental Screening form should be sent to the student's parent or guardian. If the Certificate of Dental Screening is not provided following the letter, a follow up phone call attempt should be made if time permits.

**Child Vision Screening:**

Upon enrollment, if a student's parent or guardian has not provided evidence of a vision screening, the school should send one letter (template provided by IDPH) to the parent/guardian of the student requesting the student's proof/evidence of a child vision screening. NO ADDITIONAL follow-up is required by the school. Submit the child vision screening forms your school has collected to IDPH.

**Childhood Lead Screening:**

Each school (school nurses) receive an email from IDPH at the beginning of the school year with instructions and a spreadsheet. The school provides a list of students enrolled in Kindergarten on the provided spreadsheet in the specified format. IDPH expects that this spreadsheet be submitted to the department by October 31st. IDPH completes a match of the children's names and provides a list back to the schools of children in Kindergarten who, according to the department's records, may have not received a blood lead test.

The school should send a letter (template provided by IDPH) with contact information to the parent/guardian of children that the department believes have not received a blood lead test. NO ADDITIONAL follow-up is required by the school.

Template letters identified above are available on health screening program webpages. Links can be found on the Iowa Student Health Screening Requirements page at <https://idph.iowa.gov/iowa-student-health-screening-requirements>, and on the school nurse google site hosted by Iowa Department of Education.

## **Appendix D – Consolidated Vision Screening Form**

The new vision screening form consolidates the IDPH Certificate of Vision Screening form and the eye exam form (green card provided by schools) into one. The two forms addressed separate regulations in 135.39D and 280.7A for IDPH and IDOE. See following pages for full document.



# Iowa Department of Public Health CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

**Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:		Student Address:
Zip Code:		

**Screening Information** vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.*

<p><b>Date of Vision Screening:</b> _____</p> <p><b>Result: (Please check):</b> <input type="checkbox"/> Pass or <input type="checkbox"/> Fail</p> <p><b>Testing method: (Please check)</b> <input type="checkbox"/> Vision Screening <input type="checkbox"/> Photo Screen <input type="checkbox"/> Other: _____</p> <p><b>Visual Acuity: (if available)</b> <input type="checkbox"/> With Correction <input type="checkbox"/> Without Correction</p> <p>Right Eye _____ Left Eye _____</p> <p><b>Referral to eye health professional: (Please check)</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
--

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature and Credentials of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3<sup>rd</sup> grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3<sup>rd</sup> grade and no later than six months after the date of the child's enrollment in Kindergarten and 3<sup>rd</sup> grade.

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

## Eye Exam Section

Pursuant with Iowa Code Chapter 280.7A

**To the Parent or Guardian:** The Iowa Optometric Association strongly recommends that to fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. **If you choose to** take your child to an eye care professional for a comprehensive eye exam, this side of the form should be filled out and signed by the eye care professional and returned to the school nurse or teacher by your child.

### Visual Acuity

### At Distance

### At Near

- |  |      |      |      |      |
|--|------|------|------|------|
| <input type="checkbox"/> Without correction      | R20/ | L20/ | R20/ | L20/ |
| <input type="checkbox"/> With present correction | R20/ | L20/ | R20/ | L20/ |
| <input type="checkbox"/> With new correction     | R20/ | L20/ | R20/ | L20/ |

### External Eye Health

- Normal     Other

### Internal Eye Health

- Normal     Other

### Vision Analysis

**R      L**

- |                          |                          |                        |                          |                           |
|--------------------------|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Normal eyesight        | <input type="checkbox"/> | Eye teaming difficulty    |
| <input type="checkbox"/> | <input type="checkbox"/> | Nearsighted (myopia)   | <input type="checkbox"/> | Crossed-eyes (strabismus) |
| <input type="checkbox"/> | <input type="checkbox"/> | Farsighted (hyperopia) | <input type="checkbox"/> | Eye focusing difficulty   |
| <input type="checkbox"/> | <input type="checkbox"/> | Astigmatism            | <input type="checkbox"/> | Sensitivity to light      |
| <input type="checkbox"/> | <input type="checkbox"/> | Amblyopia              |                          |                           |

Other \_\_\_\_\_

### Vision Correction Recommendations

- |  |  |
|--|--|
| <input type="checkbox"/> No correction necessary           | To be worn for:  |
| <input type="checkbox"/> No change in present prescription | <input type="checkbox"/> Constant wear <input type="checkbox"/> Near vision only |
| <input type="checkbox"/> New prescription needed           | <input type="checkbox"/> Distance vision only <input type="checkbox"/> As needed |

**To the Eye Care Professional:** Please sign and date this card after the examination.

Dr. Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_