



SCOTT COUNTY HEALTH DEPARTMENT
Administrative Center
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Davenport, Iowa 52801-1030
Office: (563) 326-8618 Fax: (563)326-8774
www.scottcountyiowa.com/health



Public Health
Prevent. Promote. Protect.

Dear Parent/Guardian:

As you prepare to send your child to kindergarten this fall, there are many things to consider. In order for your child to be admitted to school, he/she is required **by Iowa Law** to have the following completed:

- ✓ An Iowa Certificate of Immunization (*form attached*)
Iowa Law requires your child to have the following immunizations to be admitted to Kindergarten

Kindergarten Requirements
5 DTaP (1 dose after 4yrs. of age)
4 Polio (1 dose after 4yrs. of age)
2 MMR
2 Varicella
3 Hepatitis B

- ✓ An Iowa Certificate of Dental Screening (*form attached*)
- ✓ A blood lead test before 6 years of age (*no form required*)
- ✓ Your child is **not** required to have a physical before entering school, but it is strongly encouraged
- ✓ A green Student Vision Card is included in this packet per Iowa Law, but an eye exam is optional

Please contact me at 326-8658 if you have any questions.

Lynn Smith, RN, BSN
School Health Consultant

Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: (____) _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
 Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DT/DT/1 Td/Tdap			Meningococcal MCV4/MPSV4		
Polio IPV/OPV			Hepatitis A		
Measles, Mumps, Rubella MMR			Rotavirus		
Haemophilus influenzae type b Hib			Human Papilloma Virus HPV		
Hepatitis B			Other		

Licensed Child Care Requirements	Elementary/Secondary School Requirements
<p>4 through 5 months 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib</p> <p>6 through 11 months 1 dose Pneumococcal 2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib</p> <p>12 through 18 months 3 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib 3 doses MMR 1 dose Varicella 1 dose Hepatitis B</p> <p>19 through 23 months 4 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose in the series \geq 12 months of age, or 1 dose received \geq 15 months of age. 1 dose Hepatitis B 1 dose Varicella \geq 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease. 4 doses Pneumococcal; or 3 doses if received 1 or 2 doses $<$ 12 months of age; or 2 doses if received 1 dose \geq 12 months of age or has not received this vaccine before.</p> <p>24 months and older Same requirements as the 19-23 months except 4 doses Pneumococcal if received 3 doses $<$ 12 months of age; or 3 doses if received 2 doses $<$ 12 months of age; or 2 doses if received 1 dose $<$ 12 months of age; or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age.</p>	<p>4 years of age and older 5 doses Diphtheria/Tetanus/Pertussis with at least 1 dose received \geq 4 years of age if born on or after September 15, 2003; or 4 doses, with 1 dose received \geq 4 years of age if born after September 15, 2000, but before September 15, 2003; or 3 doses, with 1 dose received \geq 4 years of age if born on or before September 15, 2000. 4 doses Polio with 1 dose received \geq 4 years of age if born on or after September 15, 2003; or 3 doses, with 1 dose received \geq 4 years of age if born on or before September 15, 2003. 2 doses Measles/Rubella; the first dose shall have been received \geq 12 months of age; the second dose shall have been received \geq 28 days after the first. 2 doses Hepatitis B if born on or after July 1, 1994. 2 doses Varicella \geq 12 months of age if born on or after September 15, 2003; or 1 dose received \geq 12 months of age if born on or after September 15, 1997, but before September 15, 2003, unless the applicant has a reliable history of natural disease.</p>



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home): (mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (to be completed by health care provider only)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

No Obvious Problems – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

Requires Dental Care – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or that gum infection³ is suspected.

Requires Urgent Dental Care – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Provider Type (check ONE only):
 DDS/DMD RDH MD/DO PA RN/ARNP (High school screen can only be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Provider Business Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____

*Recorder: A DDS/DMD, RDH, MD/DO, PA, or RN/ARNP may transfer information onto this form from another health document. The original document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Bureau
515-281-3733 • 866-528-4020 • www.idph.state.ia.us/hpcdp/oral_health.asp

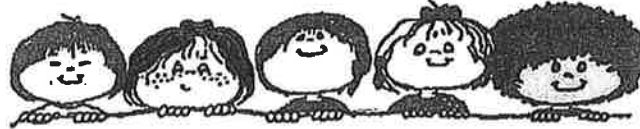
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.



Thomas Newton, MPP, REHS
Director

Chester J. Culver
Governor

Patty Judge
Lt. Governor



BLOOD LEAD TESTING REQUIRED BEFORE SCHOOL ENTRY

Do Iowa children need to have a blood lead test before they start kindergarten?

Yes, beginning in the fall of 2008, all Iowa children must have proof of a blood lead test before starting kindergarten, or as soon after that as the parents are notified that the child needs a test.



My child was already tested for lead poisoning at the age of 2 years. Is another test needed? Do I need to take a copy of my child's blood lead test to the school?



No, if the Iowa Department of Public Health (IDPH) has a record of the test, your child does not need another test. (Physicians and laboratories report all tests to IDPH.) IDPH will let you and the school know if they do not have a record of the test.

Will Medicaid, hawk-i, or private insurance cover the cost of a blood lead test?

Medicaid and *hawk-i* will both pay for a blood lead test. Many insurance plans also pay for this test. If you do not have a way to pay for this test, the Iowa Department of Public Health will have some funds to pay for it.



Is there a religious exemption for the blood lead testing requirement?



Yes, there is a religious exemption. There is a form that you must fill out and have notarized. You need to file this form with the school. The form will soon be available from the Iowa Department of Public Health, schools, and local health departments.

Will my child be kept out of school if they have not had a blood lead test?

Your child will not be kept out of school. However, childhood lead poisoning is a serious problem in Iowa. It causes learning disabilities and could affect your child's school performance, so we strongly recommend that your child be tested for lead poisoning.



OTHER INFORMATION ABOUT CHILDHOOD LEAD POISONING

How often should your child be tested for lead poisoning?

It's important to get their blood lead level tested at least once a year until they are six years old. Many children have normal blood lead levels at 6-12 months of age. However, these same children may become lead-poisoned when they are older and more active.

How do children become lead-poisoned?

Children become lead-poisoned if they:

- Put lead-based paint chips in their mouths.
- Put dusty or dirty hands, toys, bottles, or pacifiers in their mouths.
- Chew on surfaces painted with lead-based paint.
- Play in dirt or a sandbox near an old building or where an old building was torn down.
- Breathe in dust from lead-based paint that is being sanded, scraped, or removed with a heat gun.



Lead poisoning is usually caused by lead-based paint found in homes built before 1960. About 60% of the homes in Iowa, both in urban and rural areas, were built before 1960.

How common is lead poisoning?

Lead poisoning affects 1 in 14 Iowa children. This is four times the national average.

Could your child be lead-poisoned?

Yes — most children with lead poisoning do not look sick. Lead-poisoned children may:

- Be easily excited.
- Have problems paying attention.
- Complain of stomach aches and headaches.
- Be more tired than usual.



Lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die. The only way to tell if your child is lead-poisoned is to have their blood tested.

Where can I get more information?

For more information about lead poisoning and how you can protect your children, contact one of the following agencies:

Iowa Department of Public Health
1 (800) 972-2026
(515) 281-3479
or your local city or county
health department or housing agency