POLICY ON THE CONTROL AND PREVENTION OF COMMUNICABLE DESEASES

This School Board holds that to the maximum
extent permitted by law, its employees and students
will be protected from communicable diseases.

Adopted by the Bartlett School Board – August 11, 1987

COMMUNICABLE DISEASE

I. Examinations

All children shall be immunized prior to school entrance according to the current recommendations of the State Public Health Agency.

II. Exemptions from Immunization Requirement

A. Any parent or guardian requesting that his/her child be excused from immunization for religious reasons shall, at the same time of enrolling the child in school, complete an application for exemption on the attached form. The matter shall then be scheduled for a hearing before the School Board. If a child is admitted by the principal without immunization before final action by the Board, such admission is provisional and may be revoked by the Board.

The substantive criteria which will govern the School Board's decision are as follows:

1. All exemptions granted shall be for the remainder of that school year.

2. Applications for exemption shall be made, or renewed, annually at least 30 days prior to the first day of school.

3. Are there parents of newborn infants, women of childbearing age, or significant numbers of other children in the school who will have contact with the child for which exemption is requested?

4. Does the child exhibit symptoms of contagion?

5. Is the request for exemption founded on bona fide religious reasons?

6. Will the child be involved in a program which has a higher risk of transmitting diseases?

B. Any child may, at the discretion of the School Board, be exempted, for health reasons, from all or part of the immunization requirement, based upon the following standards:

1. All exemptions granted shall be for the remainder of that school year.

2. Applications for the exemption shall be made, or renewed, annually at least 30 days prior to the first day of school.

3. Each application shall be accompanied by a certificate from a treating physician, licensed to practice in the State of New Hampshire. The certificate from the treating physician shall:

(a) explain in detail the reasons exemption is believed to be required with the specific referenced to the then current edition of the report of the Committee on Infectious Diseases of the American Academy of Pediatrics.

(b) include copies of the results of all tests conducted which relate to the reason for exemption.

(c) be based upon an examination of the child conducted which relate to the reason for exemption.

(d) contain a statement setting forth the results of an examination conducted certifying that the child has been examined and does not exhibit symptoms of contagion.

4. If the exemption is believed to be required by reason of allergies, the treating physician referred to above shall be a Board Certified Allergist, and his/her certificate shall discuss both the nature and degree of the specific allergies involved as they relate to specific immunizations.

5. The School Board shall grant exemption if it finds that it is more probable than not that the risks to the child outweigh the risks to others in the school community.

The School Board reserves the right to revoke any exemption granted whenever any person involved with the school exhibits symptoms of contagion or if the school physician notifies the School Board that a risk of contagion exists in the community.

APPLICATION TO BE EXCUSED FROM IMMUNINZATION FOR MEDICAL REASONS

I,_____, certify that I am the custodial parent of _____, date of birth,_____.

I request that _____ be excused from immunization for medical reasons as follows:

I have attached a physician's certificate as required by procedure.

I acknowledge receipt of a copy of the School Board's policy and procedure on the control and prevention of communicable diseases. I acknowledge that if my child is excused from immunization, that this excuse may be revoked by the School Board.

I certify that my child does not exhibit symptoms of contagion, and I have attached a certificate setting forth the results of a medical examination as required.

Additional comments: _____
_____
_____

_____ _____

Date Signature

APPLICATION TO BE EXCUSED FROM IMMUNIZATION FOR RELIGIOUS REASONS

I, _____, certify that I am the custodial parent of _____, who was born on _____ (date).

I request that _____ be excused from immunization for religious reasons as follows:

I acknowledge receipt of a copy of the School Board's policy and procedures on Communicable Diseases, and I acknowledge that the excuse from immunization may be revoked by the School Board at a later date.

I certify that this child does not exhibit symptoms of contagion, and I have attached a certificate setting forth the results of a medical examination as required stating that he/she has been examined and does not exhibit symptoms of contagion.

Additional comments: _____
_____
_____
_____

_____ _____

Date Signature