

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

VISION SCREENING

Student: _____ Age: _____ Grade: _____
To: _____ Address: _____
From: _____, School Nurse

Recently we have administered vision screening tests to all of the children in our schools. On the basis of these test results we think it would be desirable for your child to have a thorough eye examination. Therefore, we suggest that you take him/her to an eye specialist (Oculist, Ophthalmologist, Optometrist) for further examination of that you follow the recommendations of your family physician.

Date of Test: _____ Test Used: _____
Other Symptoms (please describe): _____
School: _____

REPORT OF EYE EXAMINATION

Student's Name: _____

I. Measurements: (See back of form for preferred notation for recording visual acuity)

A.	Visual Acuity:	Without Correction	With best Correction with Ordinary Lenses	Without Correction	With Best Correction with Ordinary Lenses
	Right Eye (O.D.)	_____	_____	_____	_____
	Left Eye (O.S.)	_____	_____	_____	_____
	Both Eyes (O.U.)	_____	_____	_____	_____

B. If glasses are to be worn, were safety lenses prescribed in: Plastic Tempered Glass

II. Prognosis and Recommendations:

- A. Is student's vision impairment considered to be:
 Stable Deteriorating Capable of Improvement Uncertain
- B. What treatment is recommended, if any? _____
- C. Is re-examination advised? _____ If so, after what interval? _____
- D. Glasses: Not Needed To Be Worn Constantly
 For Close Work Only Other _____
- E. Lightening requirements: Average Better Than Average Less than Average
- F. Use of eyes: Unlimited Limited as Follows: _____
- G. Physical Activity: Unrestricted Restricted as Follows _____
- H. Other Recommendations: _____
- To be Forwarded by Examiner to: _____ Date of Exam: _____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut
Referral of Child to Physician for Hearing Examination

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Address: _____

This child is referred because of failing one or more audiometric tests. The available results of such tests are attached to this form. The most recent test was performed on:

Additional Information: _____

Name of Person Making Referral to Whom This Form Should be Returned: _____

Name of School or Agency: _____ Address: _____

PHYSICIAN'S REPORT OF EXAMINATION OF HEARING

Physician please complete and hand entire sheet to parent to return to person making referral, or mail directly to person making referral.

I find that the above named child: Has a loss* Has no loss

I plan to treat this child by: Wax removal Myringotomy Allergy Control
 T & A Other, as specified in notes _____

I plan to refer this child for treatment to: _____

I would like to discuss plans for this child with you.

In my opinion, this child's loss is stable or not amendable to further treatment at this time.**

My Recommendations are:

Speech Therapy Lip Reading & Auditory Training Hearing Aide

Selective Seating Psychological Examination

Other, as specified in notes _____

Notes on plans for treatment, prognosis, when and where to be retested, and any other information important for follow-up: _____

Name of Examining Physician: _____ Specialty: _____

Address: _____ Date of Exam: _____

This form was reviewed by the subcommittee on hearing of the Committee on Public Health of the Connecticut State Medical Society, the Connecticut State Department of Health and the Connecticut State Department of Education.

* For purposes of this report, please include in this category the child whose hearing acuity is temporarily diminished because of accumulated wax, even though the removal of the wax restores hearing to the normal level.

** This information will help us in determining whether this child should be referred for further treatment if he/she fails future hearing tests.

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Your child's class has been given a simple physical screening to detect curvature of the spine. Although the results do not definitely mean there is a problem or that treatment is needed, we request that you have your family doctor or pediatrician examine your child for the possibility of scoliosis.

Only a small percentage of children need active treatment, but those who show any sign of spine curvature must see a doctor. Early detection and treatment could save your child from quite serious effects later in life.

Since scoliosis tends to run in families, we also urge that all children in your family be given a scoliosis exam by a physician as soon as possible.

Please ask the examining doctor to fill out this form when the exam is completed and return this form to me.

Thank you for your cooperation.

If there are any questions, please feel free to call me at _____.

School Nurse

Physician's Findings and Recommendations

Child's Name: _____ School: _____ Date: _____

Abnormal findings were noted on the above child in the school scoliosis screening program. Please view and, if indicated, obtain a single standing AP X-Ray of the spine.

Thank you.

X-Ray Results _____

- No significant findings at this time.
- Need for further evaluation.
- Re-examination or treatment recommended on _____ (date)

Additional Comments: _____

Signed: _____, MD Date of Examination: _____

Address: _____ Telephone: _____

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Sample Letter for Notification of Pediculosis In School
(To be typed on individual school letterhead)

To All Parents:

This week a few cases of PEDICULOSIS or HEAD LICE have appeared in our school. Pediculosis is an increasing problem nationwide and outbreaks are common in schools.

Pediculosis usually is transmitted from one infected child to another by direct contact with the hair. Personal items like combs; brushes, towels, and bedding are other frequent sources of infestation. Clothing, such as hats, ribbons, scarves, topcoats, and sweaters, provide excellent transportation from one individual to another.

Children at school have had their hair checked by the nurse or nurse's aide. It would, however, be helpful if you also check your child's hair. Although the lice are difficult to see, you can identify them by a close inspection, possibly aided by a hand lens, which may reveal small, ivory colored eggs attached to individual hairs. In checking the scalp, pay particular attention to the back of the head and the area behind the ears. Another telltale sign is a persistent itch of the scalp, often accompanied by infected scratch marks or what appears to be a rash.

If you find anything in your child's hair that looks suspicious to you, please call your physician or the school nurse for consultation. Although there are over the counter shampoos, we would advise you to contact your physician and consider a prescription shampoo that appears to be the most effective in controlling head nits and lice. This is being suggested not only to protect your child but also the other students in the building. If you wish to learn more about pediculosis please call your school nurse.

Once again, I want to strongly stress that pediculosis is a common occurrence in any school system and the few cases that we currently have are under control. I thank you for your cooperation, and if you have any questions or concerns contact the school nurse.

Sincerely,

School Principal's Signature

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Prevention and Control of Pediculosis

(To be distributed for second school-wide screening)

How You Get It:

Head lice are usually transmitted through close personal head-to-head contact with another infested individual or through use of common combs, brushes, and other grooming aids; through sharing hats, caps, wigs, coats, or through commingling of these items at the homes of friends, at school, or other public places. Most parents have the impression that lice become established on persons who are unclean. In the case of head lice, this is NOT true. Frequent bathing will neither prevent head lice nor eliminate an infestation once it has become established.

What To Look For:

Head lice are elongated insects about this (--) long and are grayish white with dark margins. Lice do not have wings and therefore, cannot fly. They do not jump, but do move quickly; this makes them difficult to find in the child's hair.

Since crawling forms are so difficult to see, the diagnosis of pediculosis infestation is frequently made on the basis of finding nits. A nit is a louse egg. Nits are teardrop in shape, about this size (-), and vary in color from yellowish brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed or brushed out of the hair like dandruff or other debris that sometimes look like nits to the naked eye. Clusters of nits may be found in any section of hair, especially behind the ears and at the back of the neck; but, in mild cases, a careful examination of the entire scalp may be necessary to detect them. Watch for redness of the scalp and for itching. A bright light directed at the scalp can be helpful for identifying nits.

Treatment:

Treatment is directed at the infested individual and his personal articles, e.g., caps, combs, brushes, towels, bedding, etc. Fumigation or use of insecticides in the home is NOT recommended by the U.S. Public Health Service.

A. Individual Treatment

1. Remove outer clothing above the waist. For young children, it may be easier to remove all clothing and place the child in a bath or shower area.
2. Apply head louse shampoo according to your physician's instructions or label instructions provided by the drug manufacturer. Several medicated shampoos (Pediculicides) are available for head lice.
3. Have child put on clean clothes after treatment. Wash the child's clothes and towels separately from family laundry.

Treatment: (continued)

4. Cover the child's shoulders with a clean dry towel; then, fine-tooth comb the hair. Comb small amounts of hair at one time. (Do this outside the house, if possible, until all nits/shells have been removed).
5. The child may return to school immediately following treatment. Proof of appropriate treatment will be required by the school for re-entry. (Please sign the attached statement and return it to school).
6. Shampoo the morning after the treatment using a mild shampoo followed by fine-tooth combing as above.
7. Carry out fine-tooth combing daily and wash hair thoroughly with regular shampoo until nits are removed.
8. Examine all family members of infested children. Only family members who have crawling forms or nits should be treated. Siblings or a parent who share a bed with a child known to be infested should be examined very carefully to determine if there is evidence of infestation. Continual awareness and frequent checking is important.
9. Repeat treatment in seven to ten days. While pediculicides rapidly kill crawling lice, they do not kill all the nits. Therefore, the treatment should be repeated in seven to ten days to kill any newly hatched lice. (See attached statement). The seven to ten day interval corresponds to the incubation period of a louse's egg. Pediculicide shampoos can be toxic and irritating and should not be overused. Follow the instructions for shampooing.

B. Disinfection of Personal Articles and Environment

Since heat is lethal to lice and their eggs, personal articles should be machine washed in hot water and/or dried using the hot cycle of the dryer. Eggs are killed in five minutes at 51.5 degrees centigrade (125 degrees Fahrenheit), and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 60 degrees centigrade when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 60 degrees centigrade water temperature when several loads of laundry are processed one after the other or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 60 degrees centigrade or higher, allow time between loads of laundry or baths for the water heater to regain its maximum water temperature. If total reliance is placed on the clothes dryer for disinfection, dry articles for at least 20 minutes at the high heat setting. Some non-washable articles may be disinfected in the dryer provided that high heat will not harm the material.

1. Machine wash all washable clothing and bed linens that have been in contact with the infected individual within the previous three days. Personal articles of clothing or bedding that cannot be washed or dried on the high heat setting may be dry cleaned or simply placed in a plastic bag and sealed for a period of ten days.

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Form #6

2. Combs, brushes, and similar items can be disinfected by soaking them in either one of the pediculicide shampoos, or a two percent Lysol solution for one hour, or by soaking them in a pan of water heated on the stove to above 140 degrees Fahrenheit for five to ten minutes (caution: heat may damage some combs and brushes).

3. The U.S. Public Health Service recommends that environmental clean-up be consistent and limited to careful vacuuming of carpets, upholstered furniture, personal belongings, etc. Use of insecticides or fumigants on upholstered furniture, carpets, bedding, etc., is not recommended.

Please call either your physician or the school nurse for further information if you have any questions. You must have your child checked by the school nurse before re-entering class.

Thank you for your cooperation.

Superintendent/Principal

Date

WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

Date: _____

Student's Name: _____

Teacher's Name: _____

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

Signature of Parent/Guardian

This form is to be signed and returned after initial identification of head lice.

Date: _____

Student's Name: _____

Teacher's Name: _____

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

Signature of Parent/Guardian

This form is to be signed and returned after initial identification of head lice.