

Florida Department of Health in Broward County

School Health Requirements 2021-2022



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School Health Program Manager

Immunization Requirements

- ❑ There are no changes to immunization requirements related to COVID 19. Whether online or in person, prior to entry, attendance or transfer to schools (PK-12), each child shall have on file an up-to-date Florida Certification of Immunization, DH 680 Form showing vaccinations. This will be in the form of: DH Form 680 Part A, B, or C; DH Form 680 Certification of Immunization; DH Form 681 Religious Exemption. A Temporary Medical Exemption (Part B) is invalid without an expiration date.
 - **Please note: The DH 680 Form is not a substitute for the personal immunization card which details all administered vaccines provided to the patient/guardian.**

Immunization Requirements

- ❑ The Form DH 680, Florida Certification of Immunization, must be used to document receipt of immunizations required for entry and attendance in Florida schools. Students who do not have verification of immunization compliance should not be allowed to attend school per Florida Statute 1003.22 and Broward County Public School Policy. (This excludes students who qualify for the 30 day extension).
 - *Per Broward County Public School District, all homeless students and students transferring into a Broward County School for the first time can be given a 30 day grace period. This includes students transferring from another state, students transferring from another county, a homeless child, and students who are transferring from the juvenile justice system.*

2021-2022 Requirements

What Your Child Needs For 2021–2022 School Entry

Before entering or attending school in-person or virtually (kindergarten through twelfth grade) each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Private Schools Kindergarten through Twelfth Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine[±]
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine†

Seventh Grade:

In addition to kindergarten through twelfth grade vaccines, students entering or attending seventh grade need the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

Need health insurance for your child?

Apply online at www.floridakidcare.org or call 1-888-540-5437 for an application.

Fl♥rida KidCare

DH 680 Part A, B, and C

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	03/24/2005	05/19/2005	07/21/2005	08/24/2006	07/23/2010
DT	B					
Tdap	P					
Td	Q					
Polio	D	03/24/2005	05/19/2005	07/21/2005	07/23/2010	Complete
HIB	E	03/24/2005	05/19/2005	07/21/2005	01/31/2006	
MMR (Combined) (Separate)	F	08/24/2006	07/23/2010			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	02/28/2005	03/24/2005	10/26/2005		
Varicella	K	08/24/2006	07/23/2010			
Varicella Disease	L					
		Year				
PneumoConju	N	03/24/2005	05/19/2005	07/21/2005	01/31/2006	

Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

FT LAUDERDALE IMM CL
2421 SW 6TH AVE PHARMACY
FORT LAUDERDALE, FL 33315
(954) 467-4700

Physician or

Authorized Signature: [Signature]
Electronic Certification: [Signature]
Date: 10/16/2015
Issued By: [Signature]

Permanent Medical Exemption

PART C DOE Code 3: (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

VZV1

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name:

FT. LAUDERDALE HEALTH CENTER
2421 SW 6TH AVE
FT. LAUDERDALE, FL 33315
(954) 467-4700 X5195



DH 680 7/10

Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

MILLS HEALTH CENTER
900 NW 31ST AVENUE
FORT LAUDERDALE, FL 33311
(954) 467-4705

Physician or

Authorized Signature: KRIS
Electronic Certification: [Signature]
Date: 10/16
Issued By: KRIS

DH 680 7/10

Temporary Medical Exemption

Expiration Date: 12/31/2015

PART B DOE Code 2: (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 6 who are not immunized in Part A) **Invalid without expiration date.**

I certify that the above named child has received the immunizations documented above and has commenced a school year.

Physician or Clinic Name:

MILLS HEALTH CENTER
900 NW 31ST AVENUE
FORT LAUDERDALE, FL 33311
(954) 467-4705


Physician or

Authorized Signature: KRI
Electronic Certification: SSE
Date: 10/2
Issued By: KRI


The school is responsible for keeping track of each student's Temporary Medical Exemption (Form 680 – Part B). Continuously track temporary medical exemptions to notify parents in advance of expiration dates.

Religious Exemption

- The **DH 681** Form is issued **ONLY** by county health departments and **ONLY** for a child who is not immunized because of his/her family's religious tenets or practices. If a parent requests such an exemption, then the county health department staff must use the current DH 681 Form available electronically in the Florida SHOTS, which the parent affirms a religious conflict exists. This form must be issued upon request. No other information should be solicited from the parent or guardian.



RELIGIOUS EXEMPTION FROM IMMUNIZATION
 Exención Religiosa Para La Inmunización
 Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen



<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Child's Name (printed) Nombre Del Niño (con letra de imprenta) Non Timoun Nan (an gran karaktè)</p>	<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Date of Birth Fecha De Nacimiento Dat Li Te Fet</p>	<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Child's SS# (optional) Número De Seguro Social Del Niño (opcional) Nimewo Sekirite Sosyal Timoun Nan (si ou vie)</p>	<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Name of Parent or Guardian Nombre Del Padre O Guardián Non Paran Oubyen Moun Ki Reskonsab Li Ya</p>
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<p><i>(English)</i> I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.</p> <p>The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.</p>	<p><i>(Spanish)</i> Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.</p> <p>La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.</p>	<p><i>(Creole)</i> Mwen menm se paran oubyen moun ki reskonsab devan lalwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Poutèt sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.</p> <p>Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisye sante eta deklare ke ou genyen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfyte ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.</p>
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<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Electronic Signature of Parent or Guardian Firma del Padre o Guardián Siyati Paran Oubyen Moun Ki Reskonsab Li</p>	<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Date Fecha Dat</p>	<p>BROWARD CHD 780 SW. 24TH STREET FT. LAUDERDALE, FLORIDA 33315 County Health Department</p>
<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Electronic Signature of Director/Administrator</p>	<div style="background-color: black; height: 20px; width: 100%;"></div> <p>Date</p>	

DH 681 Electronic Signature Authority: Section 668.003(4), Florida Statutes

School Health Entry Examination

- ❑ Each student entering kindergarten or any other initial entry into a public or private school in Florida is required to present a certification of school entry health exam performed within one year prior to enrollment in school. This statute also gives each district school board and governing authority of each private school permission to establish a policy permitting a student up to 30 school days to present the certification of exam.

Important Reminders

- Florida's statewide immunization goal for students in Kg and 7th grade is **95% or above**.
- Please input all immunization data into the TERMS A06 panel **before October 1, 2021**.
- Remember to continue to follow up with your school's **Immunization Compliance Report** found in the Data Warehouse to make sure that no students are out of compliance.
- The Florida Department of Health in Broward County provides **free** immunizations to children. Parents/guardians can call **954-467-4705** to schedule an **appointment**.

Important Reminders

Florida SHOTS™ (Florida State Health Online Tracking System)

- ❑ A free, statewide, centralized online immunization registry that helps health care providers, schools, and parents keep track of immunization records.
- ❑ Effective January 1, 2021, schools are required to establish and enforce policies that ensure each child has proper documentation of vaccination or exemption on file in the state immunization registry, Florida SHOTS.
- ❑ If a parent or guardian chooses to exclude their child from participation in Florida SHOTS, they may instead provide a paper copy to the school prior to attendance.

Important Reminders

Florida SHOTS™ (Florida State Health Online Tracking System)

- ❑ The FDOH recommends that schools apply for access to Florida SHOTS online at www.flshotsusers.com/schools-child-care-centers to view student vaccination records and certified DH Form 680s and 681s.
- ❑ A Florida SHOTS™ Form DH 680, certified with electronic signature, may be printed by school personnel enrolled in Florida SHOTS™. Please enroll for “view-only” access at <https://flshotsusers.com/sites/default/files/docs/DH2115Schoolenrollment.pdf>

Health Screening Updates 2021-2022

- Vision Screenings**-Required for eligible students in **kindergarten, first, third, and sixth** grades
- Hearing Screenings**-Required for eligible students in **kindergarten, first, and sixth** grades
- Body Mass Index (BMI) Screenings**-Required for eligible students in **first, third, and sixth** grade
- Scoliosis Screenings**-Required for eligible students in **sixth** grade

All above health screenings are required to be completed and entered into TERMS as follows: 25% by March 17, and 50% by June 1, 2022.

Important Health Code Reminders:

CODE	DESCRIPTION				
		07	Epilepsy/Seizure Disorder	17I	Spec Health, Wheelchair bound
01A	Allergy, food	08	Heart Condition	18	Cancer/Leukemia
01B	Allergy, environment	09	Bleeding Disorder/Hemophilia	19	Gastrointestinal Disorders
01C	Allergy, medication (Oral Medication)	10	Immune Deficiency	22	Chronic Respiratory Conditions
01D	Allergy, anaphylaxis (for students that need injection to stop the allergic reaction)	12	Muscular Dystrophy	24	Tourette Syndrome
01F	Allergy, urticaria (hives)	13	Scoliosis	25	Other disabilities
01G	Allergy, insect sting	15	Sickle Cell Disease	28	Non-verbal
02A	Eating Disorder, anorexia	16	Spina Bifida	29	Hearing impaired
02B	Eating Disorder, bulimia	17A	Spec Health, G tube/Gastrostomy feeding	30	Vision Impaired
02C	Eating Disorder, overweight	17B	Spec Health, Nebulizer Treatment	32	Cystic Fibrosis
02D	Eating Disorder, malabsorption	17C	Spec Health, Catheterization: clean intermittent	33	Immune suppressed (e.g. chemo)
03	Arthritis	17D	Spec Health, Oral Suctioning/Oropharyngeal suctioning	34	Kidney Disease
04A	Current Asthma/Reactive Airway Disease (use of an inhaler or has had an asthma attack in the past 12 months)	17E	Spec Health, Lifting, Ambulation assistance	35	Migraine Headaches
05	Cerebral Palsy	17F	Spec Health, Spec feeding tech	36A	Psych disorder, behavior
06A	Diabetes: Type I (uses insulin)	17G	Spec Health, Tracheostomy care	36B	Psych disorder, emotional
06B	Diabetes: Type II (does not use insulin)	17H	Spec Health, Ventilator care	36C	Psych disorder, addictive
				36E	Psych disorder, school phobia
				37	Autism
				38	ADD/ADHD
				39	Orthopedic Disorders
				40	Neurological Disorders
				41	Lupus
				911	Critical/Chronic Medical Alert

Student Emergency Information Form

- Remember to confirm that student emergency information forms (written or electronic) are updated annually for each student; listing contact person, family physician, allergies, significant health history and permission for emergency care.

School Health Shared Resources

- ❑ Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes 2013
- ❑ What Your Child Needs For 2021–2022 School Entry
- ❑ Protect Your Child Immunization Flyer – DOH Broward
- ❑ FAQ -School Immunization Requirements
- ❑ Authorized School User Agreement For Access to Florida SHOTS
- ❑ Florida Department of Health Website www.flhealth.gov

For More Information:

General Questions & Information :

School Health Program Office
954-847-8138

Immunization Questions & Information:

Cynthia Dawes MSN, RN
Nursing Program Specialist
Cynthia.Dawes@flhealth.gov
954-847-8014

