

March 2017

Waalidiinta Qaaliga ah:

Diiwaan gelinta iyo isu-soo uruurinta caruurta fasalada barbaarinta ee dugsi Roosevelt ee sanad dugsiyeedka 2017-2018 waxaa laqabani doonaa maalinta **Khumiista April 18, 2017**, waxaana la gu qabani iskuulka hoore ee Roosevelt oo ku yaala ciwaanka 1800- 19th Avenue SW, Willmar. Si uu xaq ugu yeesho diwaan gelinta fasalada barbaarinta, ilmaha waa inuu jiraa shan sano ka hore bisha sagaalaad 1 (september 1, 2017). Marka la eego diiwaanka iskuulkeena, waxaad heysataa ilmo shuruudaha la iska rabo buuxinaya ama u qalma.

Qasidka diwaan gelinta waxaa weeye in la uruuriyo macluumaadka haboon ama munaasiibka ah si loo dhameystiro diiwaanka soo gelida ee ilmahaaga iyo si loo cadeeyo baahida gaadiidka. Waxaad imaani kartaa inta udhaxaysa 3:30 ilaa 6:30 galabnimo ee bisha April 18, 2017. Qiyaastii diwaangalinta waxay qaadani 30 ilaa 40 daqiiqo. Waxaan kugu dhiiri galineynaa inaad keento ilmahaaga si aay ugu soo wareegi karaan fasalada barbaarinta iyo ulana kulmaan macalimiinta ardayda barbaarinta **Fadlan soo buuxi foomamkan lasocdan bashqada iyo soona qaado maalinta diwaangalinta farbaradka dugisiga hoore ee Roosevelt bisha April 18**

1. **SHAHAADADA DHALASHADA**-koobiga shahaadada dhalashada ilmahaaga waa in lakeenaa si loo dhameystiro diwaangelinta. Shahaadada dhalashada waa lagu soo celini doonaa
2. **ARDEYGA/FOOMAMKA WARBIKINTA QOYSKA:** foomamkani waxaa kujiraa warbixinta qoyska, warbixinta luuqada guriga, iyo ogolaanshaha qiimeynta mashruuca la dhaho "tile I". Fadlan xaqiiji inaad dhameystitid foomamkani dhaantooda kahor diiwaan gelinta fasalada barbaarinta.
3. **FOOMKA GAADIIDKA:**
4. **BAARITAANKA GUUD EE JIRKA-** xeerka dugisiga degmada madax banaan #347 wuxuu ubaahan yahay baaritaan guud qoraal ah ee jirka ah oola bixiyay 18kii biloo ee aspp dhaafay. Si aad uqabsatid balanta baarintaanka jirka hada, fadlan wac dhakhtarka reerkaaga hada. Waa inaad diiwaan gelisaa ilmahaaga hada xitaa haddii baartaanka jirka aanan ladhameystitin.
5. **FOOMKA TALAALKA-** fadlan hore usoo qaad diiwaanka talaalka markaad u imanaydis diwaan gelinta. Si loo aado dugisiga kuyaala Minnesota, ardeyda waa inay cadeeyaan inay qaateen talaaladii loo baahnaa amam aay keenaan cadeyn sharci ah oo looga daayey dugisiga. Kahor inta uusan bilaabanin dugisiga September, ardeyda barbaarinta waxay ubaahan yihiin taariikh laagu soo celiyo iskuulka.

➤5 DPT

➤4 Polio (Dabeesha)

➤3 Hepatitis B(cudurka beerka sida cagaarshowga)

➤2 MMR

➤2 Varicella( bus bus) ama dukumiintiyo (bil iyo sanda) ee taariikh cudurka bus-buska

6. **KAARKA CAAFIMAADKA ILKAHA:** waa in lasoo celiyaa isagoo aanan kadib marin september 2017. Xasuusin dheer ah ee kusaabsan diwaan gelinta waxaay kujiri doontaa jaraaidka maalintaas. Haddii aad garanaysid caruur da'adooda aay yahay shan sano bisha sagaalaad 1, (September 1) kahor, oo aanan kalein isgaarsiin xafiiskeena, fadal usheeg su aay inoo soo wargaliyaan sida ugu dhaqsaha badan. Haddii aad qabtid su'aal ama wax aad kawalwalsan tahay oo kusaabsan diiwaan gelinta fasalada barbaarinta, fadlan la xiriir safiiska iskuulka baraabinta ee Roosevelt karka adiga kuu haboon 320-231-8470

**Waxaanu rajeyneynaa inaanu kula kulano adiga iyo ilmahaaga bisha April 18th. Waxaanu xiisaynaynaa in aanu la wadagno ilamahaaga waxbarshadiisa biloowgeeda dugisiga dhaxe ee Roosevelt**



## Diiwaangalinta Ardeyga

### Ardeyga magaciisa oo buuxa sida sharciga ah ee ugu muuqato shahaadada dhalashada

Magaca awoowe \_\_\_\_\_ Magacaaga \_\_\_\_\_ Aabaha \_\_\_\_\_ Horgalka \_\_\_\_\_

Halkan jag sii haddii magac dhexe laheyn \_\_\_\_\_ Naaneys \_\_\_\_\_

Fasalka \_\_\_\_\_ Dhalashada \_\_\_\_\_ Jingsiga: Lab / Dhadig

### Jinsiyada/Asal ahaan meeshu ka yimid- Fadlan buuxi dhamaan suaalaha

1. Warbixin dowlada dhexe darteed. **Ardaygu ma Isbaanish baa ama Laatino?** Haa / Maya  
Qof ka yimid Mexico, Puerto Rican, Cuban, bartamaha ama koonfurta Amerika Ama qof ka tirsan dhaqanka isbaanishka asal ahan ayadoo la eegeynin jinsiyada.
2. Warbixin dowlada dhexe darted, fadlan xariiq wixii khuseeya ardayga– Waxaa qasab ah in aad xariiqdo ugu yaraan hal.
  - \_\_\_\_\_ **Ameerikan hindi a oo ama Alaska ka yimid** – qof asal ahaan ku leh fir waqooyiga galbeedka ah Ameriko (oo ay ku jirto bartamaha Ameriko), iyo kuwa maamula isku xirka bulshada ama kooxaha qabiilada.
  - \_\_\_\_\_ **Indha yarta** – qof ku leh fir galbeedka Aasiya, koonfurta galbeed Aasiya ama hindiya  
Qaaradaha yar yar oo ay ku jirto: Cambodia, China, India, Jabaanka, Kuuriyaha, Maleeshiyo, bakistaan, ka Jasiirada filipiinka, Tayland iyo fiitnaamka.
  - \_\_\_\_\_ **Madaw ama Ameerikanka madaw** – Qof asal ahaan ka mid ah kooxaha madaw ee Afrika.
  - \_\_\_\_\_ **Udhashey Hawaiian ama xeebaha pacifika ah** – Qof asal ahaan kasoo jeeda dadka dago Hawaii, Guam, Samoa ama jasiirada pasifika.
  - \_\_\_\_\_ **Cadaan** – Qof asal ahaan kasoo jeeda qaarada Yurub, bariga dhexe iyo waqooyiga Afrika.

### Warbixin dheerad ah oo ku saabsan ardeyga

1. Ardeygu ma dhalin waalid ah baa? **Haa / Maya**
2. Ardeygu hada ma guri la'aanbaa (Maheysto guri rasmi ah uu daganyahey maalin iyo habeen? **Haa / Maya**
3. Ardeygu ma gobolka maamulo (Xaquuqda waalikda ma maxkamad baa looga wareejiyey)? **Haa / Maya**

### Macluumaadka Waxbarashada

**Fadlan xariiq:** Ardey cusub \_\_\_\_\_ Ardeyga horey ayuu dugsiga Willmar udhigtay \_\_\_\_\_ Tariikhda \_\_\_\_\_

Ardeyga horey ayuu u aadey Dugsiga minasota \_\_\_\_\_ Meesha ku yaalo \_\_\_\_\_ Tariikhda \_\_\_\_\_

Iskuulada uu soodhigtay (ku qor sidey ukala danbeeyeen)	Magaalada	gobolka	Tariikhda uu Dhigtey	Heerka Fasalka

### ADEGYADA WAXBARASHADA GAARKA AH

Ardeygu ma heystaa qorshe waxbarasho ee shaqsi waqtigan xaadirka ah (IEP)? Haa / Maya  
**Fadlan ku lifaaq warqad koobi ah oo ku saabsan IEP/IFSP/IIP xiliga diiwaan galinta.**

Ma loo qorey gadiid khaas ah oo qaado qorshaha waxbarasha ee shaqsi IEP? Haa / Maya

Ilmahaagu miyu helay waxbarasha adeeg oo gaar ah dugsigiisii ugu danbeeyey? Haa / Maya

Ilmahaagu ma heysta qorshaha hoyiga ee 504? Haa / Maya



Miyuu ubaahanyahey waalidka ardeygani/masuulka adeeg turjuban? Haa / Maya luuqada uu rabo \_\_\_\_\_

Ardeygan hadda miyuu ku noolyahey Degmada Iskuulada Willmar? Haa / Maya

Haddad tiri maya, degmaddu ku noolyahey ardaygani? \_\_\_\_\_

Haddii maya, miyaa loo buuxiyey arji lagu diiwaangalinayo kadibna loo direy xafiiska Kormeeraha Dugsiyada?  
Haa / Maya

**Waalidka/Masuulka – Wuxuu ladaganyahey ardeyga – Isticmaal magaca sharciga oo buuxo**

Magaca awoowga \_\_\_\_\_ Magacaada \_\_\_\_\_ Abaha \_\_\_\_\_ Horgalka  
\_\_\_\_\_ Tariikhda Dhalasha \_\_\_\_\_ Jinsiyada: lab ama dhedig \_\_\_\_\_

Maku dhigtay magac ka duwan magaciisa Dugsiyada Dadweynaha Willmar (Ku qor halkan)

Telafoonka gacanta \_\_\_\_\_ Midka shaqada \_\_\_\_\_

Emailkaada \_\_\_\_\_

**Waalidka/Masuulka – Wuxuu ladaganyahey ardeyga – Isticmaal magaca sharciga oo buuxo**

Magaca awoowga \_\_\_\_\_ Magacaada \_\_\_\_\_ Abaha \_\_\_\_\_ Horgalka  
\_\_\_\_\_ Tariikhda Dhalasha \_\_\_\_\_ Jinsiyada: lab ama dhedig \_\_\_\_\_

Maku dhigtay magac ka duwan magaciisa Dugsiyada Dadweynaha Willmar (Ku qor halkan)

Telafoonka gacanta \_\_\_\_\_ Midka shaqada \_\_\_\_\_

Emailkaada \_\_\_\_\_

**MACLUUMAADKA DADKA GURIGA KUGULA NOOL**

Cinwaanka Ardeygu uu ku noolyahey \_\_\_\_\_

Magaalada \_\_\_\_\_ Gobolka \_\_\_\_\_ Furaha magaalada \_\_\_\_\_

Tariikhda lagu guuray cinwaankan \_\_\_\_\_

Cinwaanka warqadaha lagugu soo diro-(bii-obokiskaga, magalada)- Haddii uu ka duwanyahyey kan kale

Nambarka taleefoonka aasaasiga ah \_\_\_\_\_

**Ardeyga wuxuu la noolyahey ( Fadlan mid goobaabi)**

Labada Waalid Hooyo Aabo Hooyo iyo ninka qabo Aabo iyo Aayo Walidka isoo koriyey Qoys marti aan lajoogo

Mida-kale: Fadlan Sheeg xiriirkan \_\_\_\_\_

**Walidka/Masuulka –Aanan ladaganayn ardeyga – Isticmaal magaca sharciga oo buuxo**

Magaca awoowe \_\_\_\_\_ Magacaada \_\_\_\_\_ Aabaha \_\_\_\_\_ Horgalka \_\_\_\_\_ Tariikhda \_\_\_\_\_  
Dhalashada \_\_\_\_\_ lab ama dhedig \_\_\_\_\_  
Ardey/Ardeyda ay arinta khuseysa \_\_\_\_\_  
Waxey isku yihin ardeyga \_\_\_\_\_ Sharci ahaan masuul makayahey Haa / Maya \_\_\_\_\_  
Maku dhigtay magac ka duwan magaciisa Dugsiyada Dadweynaha Willmar (Ku qor halka) \_\_\_\_\_  
Telefoonka guriga \_\_\_\_\_ Midka gacanta \_\_\_\_\_ midka shaqada \_\_\_\_\_  
Emailkada \_\_\_\_\_ Goobta aad ka shaqeyso \_\_\_\_\_  
Ku dir warqadaha nuqulka ah ciwaankan? Haa / Maya \_\_\_\_\_

**Sheeg dhamaan magacyada caruurta xita kuwa farbaradka ee guriga ku gula nool:**

Magacaaga, Aabaha, Magaca awowaha	Tariikhda dhalashada	Lab ama dhedig	Walidka/Masuu lka waxa uu uyahey ilmaha	Baritanka iskulka (Caruurta 0-6 sano jira kaliya)	Haadad haa tiri, Sheeg goobta
		L / DH		L / DH	
		L / DH		L / DH	
		L / DH		L / DH	
		L / DH		L / DH	
		L / DH		L / DH	
		L / DH		L / DH	

**Nidaamka Wicitaanka ee tooska ah**

Nimaamka wicitaanka ee tooska ah ee iskuulada Dadweynaha ee Willmar waxay isticmaali doonan hab wicitaan oo mashiin ku shaqeeya si ay ula socodsiiyaan waalidiinta/mas'uuliyiinta arimaha la xidhiidha cimilada isbaddalkeeda, ka-maqaanshaha iskuulka Dugisga Sare, iyo fariin kasta oo ay maamulku u arkaan inay muhiim u tahay in loo isticmaalo mashiin si toos ah wax uwaco. **Telefoonadan hoos ku qoran ayaa si toos ah loo soo wici doona marka ay jiraan arimo laxiidhadha cimilida/hawada ama xaalad deg-deg ah ay jirto. Fadlan noo soo kala sheeg telefonada iyo sida aad u rabtid in laguula soo xidhiidho.**

**Fadlan hoos ku qor dhamaan telephone nambarada iyo emialada aad jecshahey in lagaala soo xiriir:**

Markastoo aad ubaahato inad wax-kabadasho macluumaadkan fadlan booqo barta internetka ee iskuulada qaybta akontiga Portalka si aad wax uga badasho ama la xiriir iskuulka uu ilmahaagu dhigto.

**XAALADDA SOO GALOOTIGA**

Qoyskaada ma guureen si ay u raadsadaan shaqo la xiriirto beeraha saddexdii sano ee lasoo dhaafey?

Haa      Maya      Garanmaayo

Tusaale sida: Hilibka, Digaaga, kaluunka, Alwaaxda, beeraha, ukumaha la gurayo

**Saxiixa Walidka/ Masuulka**

Waxaan cadeynaya dhamaan warbixintan iney runtahey ayna saxsantahey intan ka aqoonsanahey.

Walidka/Masuulka sharciga ah Saxiixa: \_\_\_\_\_ Date: \_\_\_\_\_



## Su'aalo ku saabsan luuqada guriga

Midaan soo socoto waa inuu buuxiya waalidka ama musuulka. Si loocaawiyo cunugada waxbarashadiisa, macalinka wuxuu ubahanyahey inuu ogaado ilmahaaga luuqada uu isticmaalo inta badan. Fadlan ka jawaab su'aalaha hoos adigoo goobaabinayo midka ku haboon.

Magaca ardyga oo buuxa: \_\_\_\_\_

Tariikhda dhalashada: \_\_\_\_\_ Dada: \_\_\_\_\_ Fasalka: \_\_\_\_\_

Telafoonka guriga: \_\_\_\_\_ Midka gacanta: \_\_\_\_\_

### Ardeyga Warbixinta Luuqada

1. Luuqadee ayuu ilmahaaga oogu horbartey Ingiriiska \_\_\_ Wax kale: \_\_\_
2. Luuqadee inta badan looga hadlaa guriga Ingiriiska \_\_\_ Wax kale: \_\_\_
3. Luuqada inta badan uu ku hadlo cunugaada Ingiriiska \_\_\_ Wax kale: \_\_\_
4. Luuqadeed isticmaashaa inta badan markad la hadleysid cunugaada Ingiriiska \_\_\_ Wax kale: \_\_\_

### Macluumaad Waalidiinta/Masuuliyinta

Halkan waxaan ka cadeynayaa warbixinta kor ku qoran iney saxtahey inta aan ka aqoonsanahey mise aan ka aaminsanahey. Waan ogahey in khidadan la badali Karin mudada uu ilmahaageyga ka diiwaangashisanyahey Dugsiyada Dadweynaha Willmar.

Magaca (Halkan ku qor): \_\_\_\_\_

Saxiixa – Walidka mise Masuulka: \_\_\_\_\_ Tariikhda: \_\_\_\_\_

## ISKUULKA DADWEYNAHA EE WILLMAR WARBIXINTA GAADIIDKA

Waalidiinta: Fadlan buuxi meelahan soo socdaan si aay inoo caawiso in ay noo fududaato in aan u diyaarino gaadiidka baska ilmahaga. Fadlan buuxi dhamaan foomkani xitta hadii uusan ilmahaagu u baahnayn in uu raaco baska.

Magaca ardayga: \_\_\_\_\_

Ciwaanka uu deganyahay: \_\_\_\_\_ Taleefanka: \_\_\_\_\_

Magaca Waalidka /Masuulka : \_\_\_\_\_

**Warbixinta meesha ilmaha lagu hayo :** Qofka kuu haya magaciisa; \_\_\_\_\_

Ciwaanka mesha ilmaha lagugu hayo: \_\_\_\_\_ Taleefanka: \_\_\_\_\_

**Fadlan calaamadee hoos si aad u cadeysid meesha ilmahaga SUBAXII laga soo qaadayo ama meesha GALINKA-DANBE lagu soo dajinayo:**

**SUBAXDII laga soo qaadyo : (Calaamadee hal meel ah)**

- \_\_\_\_\_ Ka qaad ilmahayga meesha ilmaha lagu hayo
- \_\_\_\_\_ Ka qaad ilmahayga guriga
- \_\_\_\_\_ Ilmahayga wuu kasoo lugaynayaa (guriga \_\_\_\_\_) (meesha lagu hayo \_\_\_\_\_)
- \_\_\_\_\_ Waalidkaa soo qaadaya
- \_\_\_\_\_ Goob muhiim ah

**GALABTII lagu soo dajinayo : (Calaamadee hal meel ah )**

- \_\_\_\_\_ Ku deji ilmahayga meesha ilmaha lagu hayo
- \_\_\_\_\_ Ku deji ilmahayga guriga
- \_\_\_\_\_ Ilmahayga wuu ulugaynayaa (guriga \_\_\_\_\_) (meesha lagu hayo \_\_\_\_\_)
- \_\_\_\_\_ Waalidkaa soo qaadaya
- \_\_\_\_\_ Goob muhiim ah

**Macluumaad kale oo laxiriira:**

Goobta shaqada aabaha: \_\_\_\_\_ Taleefanka Shaqada: \_\_\_\_\_

Goobta shaqada hooyada: \_\_\_\_\_ Taleefanka shaqada: \_\_\_\_\_

## ESCUELAS PUBLICAS DE WILLMAR – FORMULARIO PARA UN EXAMEN FISICO (2/25/05)

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Student's Birth Date \_\_\_\_\_ Gender: \_\_\_\_\_ Immunizations Up-to-date  No  Yes –

TEST		MEASUREMENTS	
Indicate Normal (N); Abnormal (Ab) If abnormal, include comments below		Blood Pressure _____ Height _____ Weight _____ BMI _____	
Test	N/Ab	Vision: R 20/	Vision: L20/
Hemoglobin/Hematocrit		W/glasses: Yes No	
Urine		Hearing: R	Hearing: L
Other (specify)		W/hearing aid: Yes No	

EXAMINATION					
Indicate Normal (N) Abnormal (Ab) with a check mark. If abnormal, include comments below.					
	Normal	Abnormal		Normal	Abnormal
Skin/Lymph			Lungs		
Eyes			Abdomen		
Ears			Genito-Urinary		
Nose			Orthopedic-Feet		
Mouth			Orthopedic-Spine		
Throat			Neurological		
Neck			Speech		
Heart			Other (specify)		

1. Does this child have a health concern that the school should be aware of?  
 No  Yes. If Yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

2. Does the student have any allergies?  
 No  Yes. If Yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

3. Are any allergies LIFE-THREATENING?  
 No  Yes. If Yes, does the student have an EPI pen?  
 No  
 Yes. **Physician orders are required for a student to carry an EPI pen at school. Please attach orders.**

4. Is this student on medication the school needs to be aware of?  
 No  Yes. If Yes, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician orders are required for a student to receive medication at school. Please attach orders if applicable.**

5. Are there any restrictions of physical activity or physical education in school?  
 No  Yes. If Yes, please describe \_\_\_\_\_

6. Are there any classroom accommodations needed at school?  
 No  Yes. If Yes, please describe \_\_\_\_\_

7. Does this student need special nutritional consideration?  
 No  Yes. If Yes, please describe \_\_\_\_\_

8. Are there any other significant findings on exam, family or health history, or review of systems that may impact this child's health or learning during the school years?  
 No  Yes. If Yes, please describe \_\_\_\_\_

Signature and Title of Health Examiner: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Printed or Typed Name of Examiner: \_\_\_\_\_

Address and Telephone of Examiner: \_\_\_\_\_

# Student Immunization Form

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

## Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)</b> • for children age 6 years and younger • final dose on or after age 4 years						5th dose not required if 4th dose was given on or after the 4th birthday
<b>Tetanus and Diphtheria (Td)</b> • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b> • for children in 7th - 12th grade						
<b>Polio (IPV, OPV)</b> • final dose on or after age 4 years					4th dose not required if 3rd dose was given on or after the 4th birthday	
<b>Measles, Mumps, and Rubella (MMR)</b> • minimum age: on or after 1st birthday						
<b>Hepatitis B (hep B)</b>						
<b>Varicella (chickenpox)</b> • minimum age: on or after 1st birthday • vaccine or disease history required						
<b>Meningococcal (MCV, MPSV)</b> • for children in 7th - 12th grade • booster given at age 16 years						
<b>Recommended</b>						
<b>Human Papillomavirus (HPV)</b>						
<b>Hepatitis A (hep A)</b>						
<b>Influenza</b> (annually for children 6 months and older)						

## Additional exemptions:

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.



Student Name \_\_\_\_\_

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_ Date

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Public Clinic

\_\_\_\_\_ Date

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_ Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of notary

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Taarikhta manta: \_\_\_\_\_

## Su'aalo Caafimaad Ardayga

Magaca cunugga: \_\_\_\_\_ Taarikhta dhalashada cunugga: \_\_\_\_\_ Jinsi: W. ama G.

Waalid ama ilaaliye: \_\_\_\_\_ Taleefonka maalinta: \_\_\_\_\_

### Taarikhta Caafimaadka:

Goorma ugu dambeeyse cunuggaga baaris caafimaad? \_\_\_\_\_

Magaca dhakhtarka ama Isbataalka: \_\_\_\_\_

Wali cunugagada Isbataal lama seexi ila iyo sanadki ila so dhaafay? Maya Haa

Haddii jawaabtutahay haa, fadlan fasir ama sharax sababta waayo: \_\_\_\_\_

Cunuggaga daawo ma'qaata maalinkasta? Maya Haa

Haddii jawaabtutahay haa, nooce? \_\_\_\_\_

Cunuggaga ma'leyahay cunno qaasdasho nidaamsan ee khaas ah? Maya Haa

Haddii jawaabtutahay haa, fadlan sharax ama fasir: \_\_\_\_\_

Cunuggaga ma'leyahay xanuunnadantan?

Qabow in badan dhaca \_\_\_\_\_ Booc xanuun \_\_\_\_\_ Jeermiska dhegta \_\_\_\_\_

Cudurka neefta \_\_\_\_\_ Cambaar \_\_\_\_\_ Dhibaato hadal \_\_\_\_\_

Xasaasiyad: Haddii jawaabtu taya haa, fadlan muuji riishada iyo sharax calaamadaha.

Cuno \_\_\_\_\_

Mudid shinni \_\_\_\_\_

Wax kale \_\_\_\_\_

Xaalad qalbi ama wadne \_\_\_\_\_ Kaadi sonkorow \_\_\_\_\_ Nidaam darro qallal \_\_\_\_\_

Khusaynta caafimaad kale (fadlan sharax): \_\_\_\_\_

### Arag:

Wali cunuggaga ma'hel baaris ama daweyn? Maya Haa; gorma? \_\_\_\_\_

Natiijo: Arag caadi Ookiyaaleama u dhawaansho Il caahis wax kale \_\_\_\_\_

### Akhlaaq: (Baar cunuggaga in uu leyahay akhlaaqtan mid kamid ah:)

\_\_\_ Riyo xun \_\_\_\_\_ Xannanaqa fududama murugo fudud \_\_\_\_\_ Burburrita waxyaabaha

sikas ah

\_\_\_ Wal walsan \_\_\_\_\_ Suulnuugid \_\_\_\_\_ Qabadashada neefta

\_\_\_ Sal-fudud \_\_\_\_\_ Aan-awoodin-qayb \_\_\_\_\_ Si saa'id dareen badan

\_\_\_ Masayrsan \_\_\_\_\_ Madax-adag ama aan-awoodin iskaashato \_\_\_\_\_ Rabatan feejignaan aad iyo

aad uu badan

\_\_\_ Dhaga-adag \_\_\_\_\_ Mad-luun, af-buurid, dabciraran \_\_\_\_\_ Camal xun

\_\_\_ Ciddi-qaniiniyo \_\_\_\_\_ Dhibaato kala saaridda waalidka \_\_\_\_\_ Uu feejignaan ur ama

dareenka taabasho ee

shayleeyahay

Wax kale: \_\_\_\_\_

Ma awoodda cunuggaga in uu isticmaalo muusqul si madaxbanaan ama Xorriyad? Maya Haa

Cunuggaga wali muusqusha dhib kala ma'kulmay? Maya Haa

For office use only

## Nurse Review Documentation

UTD for Kindergarten?  yes  NO, notice given to parent

**Health History** (include incidences which may impact their school experience).

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Kindergarten Physical Complete?  Dental card returned?

Current Health Issues:  None Known  Yes : Dx and details \_\_\_\_\_

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If Asthma – Asthma questionnaire and Care Plan option given to parent

Daily medication?  None  Yes, Name and time given: \_\_\_\_\_

If medication is needed at school - Medication policy and consent form given to parent.

Dietary needs?  None  Yes \_\_\_\_\_

If yes – Dietary Policy and Medical Statement Form given to parent.

\_\_\_\_\_ Date \_\_\_\_\_

signature of nurse completing interview with parent

## SCHOOL DENTAL HEALTH CARD

F Child's Name \_\_\_\_\_

O  
R Date of Birth \_\_\_\_\_

P To Parent or Guardian:

A Your child's health, comfort, behavior, progress in school, and in  
R personal appearance may be strongly affected by neglecting their teeth.  
E We advise you to call your family dentist to make an appointment for an  
N examination of your child's teeth and whatever dental care is necessary.  
T This card should be signed by the dentist and returned to Kennedy School.

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D I have performed an oral examination for \_\_\_\_\_  
E and have informed his/her parent(s) of all necessary dental treatment.

N Is in Treatment \_\_\_\_\_ Treatment Complete \_\_\_\_\_

T Date \_\_\_\_\_ Signature \_\_\_\_\_ D.D.S.

I  
S (Dentist: Please do NOT sign this card unless necessary work is actually  
T completed or anticipated to be completed.)

Willmar Public Schools - Kindergarten  
611 - 5 Street SW  
Willmar, MN 56201

The American Dental Association says:

"Dental health is the responsibility of the individual, the family, and the community." As parents, you can practice your responsibility to your child's dental health by:

1. Checking your child's intake of excessive amounts of sweets.
2. Teaching your child to brush and floss as directed by your family dentist.
3. Providing your child with fluoridated water (1 to 1.5 p.p.m.) during the growing period of their teeth - from birth to eight years. If fluoridated water is not available, have your dentist recommend an alternative procedure.
4. Having dental examination twice a year by your family dentist or as often as your dentist may designate.