



Student Services · 5606 So. 147th Street · Omaha, NE 68137-2647 · (402) 715-8300 · (Fax) (402) 715-1099

May 1, 2021

Dear Millard Families,

In accordance with the Nebraska State Statute, #173 NAC 7, the Millard Public Schools is required to conduct non-diagnostic health screens to all enrolled 10th grade students. The purpose of the screening is to identify any possible health concerns and provide feedback to the student's parents/guardians for follow up. The screenings measure the following: height, hearing, vision, weight, and dental health. Please see the attached Department of Health and Human Services document to learn more.

High School Screening Dates:

Millard South: September 23, 2021

Millard North: September 24, 2021

Millard West: September 29, 2021

If any student's screening reveals a concern, the parent/guardians will be notified in writing within 30 days.

For questions or concerns, please contact the District's Head Nurse, Mrs. Katie Kintzle at (402)715-6322 or via email at kakintzle@mpsomaha.org.

Cordially,

A handwritten signature in black ink that reads "Bill Jelkin".

Bill Jelkin
Director of Student Services

MILLARD BOARD OF EDUCATION

Dave Anderson, Stacy Jolley, Mike Kennedy, Amanda McGill Johnson, Mike Pate, Linda Poole, Jim Sutfin, Ed. D, Superintendent

**EFFECTIVE 2/5/13 NEBRASKA DEPARTMENT OF HEALTH AND HUMAN
SERVICES 173 NAC 7**

OPERATIVE 7/1/14

**CHAPTER 7 SCHOOL HEALTH SCREENING, PHYSICAL EXAMINATION, AND
VISUAL EVALUATION**

7-003 WHO MUST BE SCREENED

7-003.01 Minimum Required School Health Screening Schedule: The Department prescribes a schedule for screenings based on current medical and public health practice. See Attachment 1 for specific screenings required for child according to school grade level.

7-003.02 Exception: *A child is not required to submit to school health screening if his or her parent or guardian provides school authorities with a statement signed by a physician, physician assistant, or an advanced practice registered nurse-nurse practitioner practicing under and in accordance with his or her respective credentialing act or other qualified provider as identified by DHHS in rules and regulations adopted pursuant to Neb. Rev. Stat. § 79-249, and found in 7-005.01C2 of these regulations, stating that such child has undergone such required screening within the last six months preceding the school's scheduled health screening. A child must submit to any required screening at school for which such a statement is not received.*

The parent/guardian of _____

(name of child)

is requesting the school health screenings required by Nebraska 173 NAC 7 as noted above be done by a physician (M.D. or O.D.), physician assistant, or an advanced practice registered nurse-nurse practitioner instead of in the school setting.

Please provide a statement that the above named child has undergone such required screening within the last six months preceding the school's scheduled health screening.

(Parent/guardian signature)

(Date)

**EFFECTIVE 2/5/13 NEBRASKA DEPARTMENT OF 173 NAC 7 OPERATIVE 7/1/14 HEALTH AND HUMAN SERVICES
ATTACHMENT 1: DHHS MINIMUM REQUIRED ANNUAL SCHOOL HEALTH SCREENINGS**

SCREENING by Grade or Age Level For procedural guidelines and competencies for each screening, see DHHS School Health Guidelines for Nebraska Schools.	Age 3 -5 years	K	1	2	3	4	5	6	7	8	9	10	11	12
HEARING: pure tone audiometry	annually	X	X	X	X	X			X			X		
VISION: distance	annually	X	X	X	X	X			X			X		
VISION: hyperopia (near vision)	annually		X		X									
DENTAL: inspection of teeth (Visual)	annually	X	X	X	X	X			X			X		
WEIGHT/HEIGHT STATUS: body mass index percentile	annually	X	X	X	X	X			X			X		
Physical Examination By physician, physician assistant, or advanced practice registered nurse		X							X					
Visual Evaluation By physician, physician assistant, advanced practice registered nurse, or optometrist.		X												
Additional Indications for Screening: 1. New to district at any time, with no previous screening results available. 2. Student enters the Student Assistance Process, with no recent or current screening results available. 3. Periodic screenings as specified by the student's Individualized Education Plan (IEP) 4. Nurse concern, i.e. sudden wt. loss/gain, change in stature or appearance; parent or teacher concern; audiologist referral. 5. Unremediated concerns from previous year.								Notes: 1. The student with known hearing or vision deficits may not need periodic screenings for these conditions. This will be determined on an individual basis by the child's Individualized Education Plan (IEP) and/or school personnel following the student. 2. Screening results may be taken from physical examination, visual evaluation, or dental examination reports if equivalent screening results are available and documented. 3. If parent/guardian wishes to refuse school health screening, parents/guardian must submit written statement(s) from a qualified examiner that the child has received the minimum required screenings within the previous six months, or the child will be screened at school. 4. Parents/guardians may waive physical examination and visual evaluation requirements						