

## 105 CMR 200.000: PHYSICAL EXAMINATION OF SCHOOL CHILDREN

### Section

200.001: Purpose

200.002: Citation

200.100: Physical Examinations Required by Primary Care Provider or School Physician

200.200: School Physicians

200.300: Procedures for Physical Examinations

200.400: Vision and Hearing Screenings

200.500: Height and Weight Measurements

200.600: Local Authority to Establish Higher Requirements

200.610: Religious Objection

200.620: Waivers of Requirements

200.630: Health Record Forms

### 200.001: Purpose

The purpose of 105 CMR 200.000 is to identify and take appropriate actions with respect to disabilities and medical conditions of school children in public schools as soon as possible so as to enable all children to obtain the fullest benefit of their educational opportunities and to identify and take appropriate action with respect to contagious or communicable diseases among students. School screenings under these regulations are intended to supplement, not supplant, oversight of care by the student's primary care provider.

### 200.002: Citation

105 CMR 200.000 shall be known, and may be cited as, 105 CMR 200.000: Physical Examination of School Children.

### 200.100: Physical Examinations By Primary Care Provider or School Physician

(A) The school health program should encourage the performance of the physical examination required in 105 CMR 200.100 by the student's own physician, nurse practitioner or physician assistant whenever possible. Said health care provider shall record the results of the physical examination on health record forms approved by the Department of Public Health and provide a copy of this record containing the results of the examination and the physician's, physician assistant's or nurse practitioner's recommendations to the school. With the consent of the parent or legal guardian, the student's primary care provider shall be furnished with a copy of the record of a physical examination performed in the school.

(B) The school committee or board of health shall ensure that every student in the public schools be separately and carefully examined by a duly licensed physician, nurse practitioner or physician assistant, as follows:

(1) within one year prior to entrance to school or within 30 days after school entry and at intervals of either three or four years thereafter. A student transferred from another school system shall be examined as an entering student. Health records transferred from the student's previous school may be used to determine compliance with this requirement;

(2) students under 16 and over 14 years of age requesting employment certificates;

(3) prior to a student's participation in competitive athletics, on an annual basis.

### 200.200 School Physicians

(A) The school committee or the board of health shall provide the services of a school physician to carry out physical examinations on such children who, because of hardship, do not have this service performed by the student's physician, nurse practitioner or physician assistant. Every reasonable effort shall be made to link such students with a primary care provider.

(B) The school committee or the board of health shall ensure that a student in the public schools, if not examined by the student's primary care provider, is examined by the school physician under following circumstances:

(1) frequent absences due to unexplained illness;

(2) known or suspected physical disabilities or medical conditions that require appraisal;

(3) referral from a teacher-nurse conference because the student is not making expected progress in school or because of signs of illness noted by the teacher or nurse; and

(4) referral by the school nurse.

(C) The school physician shall provide consultation to the school health program including:

(1) interpretation of the student's health situation to the school personnel;

(2) assistance to the teacher and school nurse in meeting the health needs of the student to the extent possible in the school environment; and

(3) interpretation of the school health program to the student's primary care provider and parents.

(D) The services of the school physician shall be coordinated in the total school health program. S/he shall take reasonable measures for the control of communicable disease and give assistance in the formulation of the health education program.

(E) The school physician shall examine a student at any time to determine the presence or absence of communicable or contagious diseases.

(F) The school physician shall promptly notify the student's parent(s) or legal guardian(s) of any disabilities or medical conditions found during a physical examination of a student. The family shall be encouraged to take the student to the student's primary care provider.

200.300: Procedures for Physical Examinations

(A) Physical examinations shall be done in a manner which is consistent with professional standards of practice, the well-being of the child and applicable confidentiality requirements. Rectal and vaginal examinations shall not be done by the school physician.

(B) All physical examinations shall be done in the presence of a third person and with a reasonable degree of privacy. The child may be undressed only to the extent necessary to permit an adequate appraisal.

(C) Sufficient time shall be allotted for an adequate appraisal of each student.

(D) The physical examination shall include as needed a conference with the parent or student concerning the student's growth and development and the findings of the physical examination.

200.400: Vision and Hearing Screenings

(A) In accordance with M.G.L. c. 71, §57, upon entering kindergarten or within 30 days after school entry, the parent or guardian of each child shall present certification that the student within the previous 12 months has passed a vision screening conducted by personnel approved by the Department. For students who fail the screening and for students diagnosed with neurodevelopmental delay, evidence of a comprehensive eye examination meeting the requirements of M.G.L. c. 71, §57 shall be provided to the school.

(B) The school committee or board of health shall cause the vision of each student in the public schools to be screened in the year of school entry, annually through grade 5 (or by age 11 in ungraded classrooms), once in grades 6 through 8 (or ages 12 through 14 in ungraded classrooms) and once in grades 9 through 12 (or ages 15 through 18 in ungraded classrooms). The vision of each student shall be tested by means of the Massachusetts Vision Test or other comparable method approved by the Massachusetts Department of Public Health.

(C) The school committee or board of health shall cause the hearing of each student in the public schools to be screened in the year of school entry and annually through grade 3 (or by age 9 in the case of ungraded classrooms), once in grades 6 through 8 (ages 12 through 14 in the case of ungraded classrooms), and once in grades 9 through 12 (ages 15 through 18 in the case of ungraded classrooms). The hearing of each student shall be tested by means of some form of discrete frequency hearing test such as the Massachusetts Hearing Test or comparable method approved by the Department of Public Health.

(D) Screenings of sight and hearing shall be performed by teachers, physicians, optometrists, nurses or others approved by the Department for this purpose, in accordance with guidelines of the Department.

(E) For any student who does not pass a vision or hearing screening, a written plan shall be developed by the school nurse, in consultation to the extent possible with a student's parent or legal guardian, for appropriate follow up of the student. With the consent of the parent or legal guardian, the student's primary care provider shall be furnished with a copy of the record of screening tests performed in the school.

200.500: Height and Weight Measurements

Each school committee or board of health shall adopt policies and procedures to ensure that the weight and height shall be measured for each student in grades 1, 4, 7, and 10 (or, in the case of ungraded classrooms, by a student's 7th, 10th, 13th and 16th birthday), and that the student's Body Mass Index (BMI) score and corresponding percentile are calculated.

(A) Measurement of weight and height shall be done by trained school personnel or others approved by the Department for this purpose, and in accordance with guidelines of the Department. Prior notice of the screening and the benefits of the screening shall be provided to the parent or legal guardian by any reasonable means. Every effort shall be made to protect the privacy of the student during the screening. Trained school personnel or other personnel with access to the student's health information or records shall not disclose the height, weight or BMI calculations of an individual student, either verbally or in written form, to anyone other than the parent and/or legal guardian without written permission of the parent and/or legal guardian. The school committee or board of health may provide for additional requirements to ensure confidentiality.

(B) The student's height, weight, BMI score and corresponding percentile shall be recorded and may be maintained in the student's school health record.

(C) The school or school district shall provide the Department annually with aggregate student BMI data including totals by grade, gender and BMI category, as specified in guidelines of the Department.

(D) Parents and legal guardians shall be provided with an opportunity to request, in writing, that their child's measurements not be taken.

200.600: Local Authority to Establish Higher Requirements

105 CMR 200.100 through 200.500 are minimum regulations for the examination of school children in Massachusetts. The school committee or board of health may provide for more frequent and more specialized examinations or both if it wishes to do so.

200.610: Religious Objection

In accordance with M.G.L. c. 71, §57, a student shall be exempt from physical examinations or screenings on religious grounds, upon written request of the parent or legal guardian, except with respect to communicable diseases.

200.620: Waivers of Requirements

Except as provided by law, the Massachusetts Department of Public Health shall have the discretionary power to waive any of 105 CMR 200.100 through 200.500, except confidentiality requirements of 105 CMR 200.500(A), upon written request.

(A) The request for a waiver must be accompanied by an alternative plan to the regulation that would adequately protect the health of the school child.

(B) Waiver requests shall not be based upon reductions in the budget for school health or granted on such basis.

Approved by MDPH Public Health Council October 16, 2013

Official version was published in the Massachusetts Register November 8, 2013

(C) Waivers may be granted for periods up to one year and may be renewed upon demonstration of improvement in school health programs.

200.630: Health Record Forms

Results of required health appraisals shall be recorded in detail on health record forms provided or approved by the Massachusetts Department of Public Health.

REGULATORY AUTHORITY: M.G.L. c. 111, §§ 3 and 5; c. 71, § 57