

SECTION 10
Student Health Policies
School Board Policy – 5.18 Health Services

The Board believes that healthy children promote a better learning environment, are more capable of high student achievement, and will result in healthier, more productive adults. Therefore, the goal of the District's health services is to promote a healthy student body. This requires both the education of students concerning healthy behaviors, and providing health care services to pupils.

The District shall develop an age-appropriate seizure education program for the District's students consistent with training programs and guidelines developed by the Epilepsy Foundation of America.

While the school nurse is under the supervision of the school principal, the delegation of health care duties shall be in accordance with the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules Chapter Five: Delegation of Nursing Care.

Annually, the information reported in the Division of Elementary and Secondary Education Health Services Survey shall be provided to the Board.

Legal References: A.C.A. § 6-18-709
 A.C.A. § 6-18-720

Date Adopted: June 2021
Last Revised: July 2023

Illness

School Board Policy – 4.36 Student Illness/Accident

When a student visits the health room, the parent/guardian will be contacted (unless a student visits for a minor cut, scrap, or compliant. If we cannot reach the parent/guardian, then the emergency contacts provided on the health information form will be notified. Failure to make verbal contact will result in a written note being sent home with the student.

This school does not resume responsibility, but does wish to provide the best service possible in an emergency. If the parent/guardian cannot be reached at the time of the emergency and if immediate observation or treatments is urgent in the judgment of the school authorities, I authorize and direct the school authorities to activate the community 911 system with emergency transportation to the local hospital or emergency facility most accessible.

If your child becomes ill while at school, you will be requested to pick up your child immediately.

Date Adopted: Oct. 2010
Last Revised: June 2014

Accident Insurance (Student Voluntary Insurance)

Student Voluntary Insurance forms may be requested at the beginning of each school year through the principal's office. Parents have the option of taking out this insurance on their child.

Immunization

School Board Policy-4.57—Immunization

Definitions

"In process" means the student has received at least one dose of the required immunizations and is waiting the minimum time interval to receive the additional dose(s).

"Serologic testing" refers to medical procedure used to determine an individual's immunity to Hepatitis B, Measles, Mumps, Rubella and Varicella.

General Requirements

Unless otherwise provided by law or this policy, no student shall be admitted to attend classes in the District who has not been age appropriately immunized against:

- Poliomyelitis;
- Diphtheria;
- Tetanus;
- Pertussis;
- Red (rubella) measles;

- Rubella;
- Mumps;
- Hepatitis A;
- Hepatitis B;
- Meningococcal disease;
- Varicella (chickenpox); and
- Any other immunization required by the Arkansas Department of Health (ADH).

The District administration has the responsibility to evaluate the immunization status of District students. The District shall maintain a list of all students who are not fully age appropriately immunized or who have an exemption provided by ADH to the immunization requirements based on medical, religious, or philosophical grounds. Students who are not fully age appropriately immunized when seeking admittance shall be referred to a medical authority for consultation.

The only types of proof of immunization the District will accept are immunization records provided by a:

- A. Licensed physician;
- B. Health department;
- C. Military service; or
- D. Official record from another educational institution in Arkansas, or
- E. An immunization record printed off of the statewide immunization registry with the official Seal of the State of Arkansas.

The proof of immunization must include the vaccine type and dates of vaccine administration. Documents stating “up-to-date”, “complete”, “adequate”, and the like will not be accepted as proof of immunization. No self or parental history of varicella disease will be accepted as a history of varicella disease must be documented by a licensed physician, advanced practice nurse, doctor of osteopathy, or physician assistant. Valid proof of immunization and of immunity based on serological testing shall be entered into the student’s record.

In order to continue attending classes in the District, the student must have submitted;

1. Proof of immunization showing the student to be fully age appropriately vaccinated;
2. Written documentation by a public health nurse or private physician of proof the student is in process of being age appropriately immunized, which includes a schedule of the student’s next immunization;
3. A copy of a letter from ADH indicating immunity based on serologic testing; and/or
4. A copy of the letter from ADH exempting the student from the immunization requirements for the current school year, or a copy of the application for an exemption for the current school year if the exemption letter has not yet arrived.

Students whose immunization records or serology results are lost or unavailable are required to receive all age appropriate vaccinations or submit number 4 above.

Temporary Admittance

While students who are not fully age appropriately immunized or have not yet submitted an immunization waiver may be enrolled to attend school, such students shall be allowed to attend school on a temporary basis only. Students admitted on a temporary basis may be admitted for a maximum of thirty (30) days (or until October 1st of the current school year for the tetanus, diphtheria, pertussis, and meningococcal vaccinations required at ages eleven (11) and sixteen (16) respectively if October 1st is later in the current school year than the thirty (30) days following the student’s admittance). No student shall be withdrawn and readmitted in order to extend the thirty (30) day period. Students may be allowed to continue attending beyond the thirty (30) day period if the student submits a copy of either number 2 or number 4 above.

Students who are in process shall be required to adhere to the submitted schedule. Failure of the student to submit written documentation from a public health nurse or private physician demonstrating the student received the vaccinations set forth in the schedule may lead to the revocation of the student’s temporary admittance; such students shall be excluded from school until the documentation is provided.

The District will not accept copies of applications requesting an exemption for the current school year that are older than two (2) weeks based on the date on the application. Students who submit a copy of an application to receive an exemption from the immunization requirements for the current year to gain temporary admittance have thirty (30) days from the admission date to submit either a letter from ADH granting the exemption or documentation demonstrating the student is in process and a copy of the immunization schedule. Failure to submit the necessary documentation by the close of the thirty (30) days will result in the student being excluded until the documentation is submitted.

Exclusion from School

In the event of an outbreak, students who are not fully age appropriately immunized, are in process, or are exempt from the immunization required to be excluded from school in order to protect the student. ADH shall determine if it is necessary for students to be excluded in the event of an outbreak. Students may be excluded for no fewer than twenty-one (21) days or even longer depending on the outbreak. No student excluded due to an outbreak shall be allowed to return to school until the District receives approval from ADH.

Students who are excluded from school are not eligible to receive homebound instruction unless the excluded student had a pre-existing IEP or 504 Plan and the IEP/504 team determines homebound instruction to be in the best interest of the student. To the extent possible, the student’s teacher(s) shall place in the principal’s office a copy of the student’s assignments:

- For the remainder of the week by the end of the initial school day of the student’s exclusion; and

- By the end of each school's calendar week for the upcoming week until the student returns to school.

It is the responsibility of the student or the student's parent/legal guardian to make sure that the student's assignments are collected.

Students excluded from school shall have five (5) school days from the day the student returns to school to submit any homework and to make up any examinations. State mandated assessments are not included in "examinations" and the District has no control over administering state mandated make-up assessments outside of the state's schedule. Students shall receive a grade of zero for any assignment or examination not completed or submitted on time.

Annually by December 1, the District shall create, maintain, and post to the District's website a report that includes the following for each disease requiring an immunization under this policy:

- The number of students in the District that were granted an exemption by the Department of Health from an immunization;
- The percentage of students in the District that were granted an exemption by the Department of Health from an immunization;
- The number of students within the District who have failed to provide to the public school proof of the vaccinations required and have not obtained an exemption for ADH;
- The percentage of students within the District who have failed to provide to the public school proof of the vaccinations required and have not obtained an exemption for ADH; and
- The percentage of a population that must receive an immunization for herd immunity to exist.

Cross References: 4.2---ENTRANCE REQUIREMENTS
4.7---ABSENCES
4.8---MAKE-UP WORK
4.34---COMMUNICABLE DISEASES AND PARASITES

Legal References: A.C.A. § 6-4-302
A.C.A. § 6-18-702
A.C.A. § 6-28-110
DESE Rules Governing Immunization Requirements in Arkansas Public Schools
ADH Rules Pertaining to Immunization Requirements

Date Adopted: June 2014

Last Revised: June 2021

Contagious Disease

School Board Policy-4.34 Communicable Disease and Parasite

Students with communicable diseases or with parasites that are transmittable in a school environment shall demonstrate respect for other students by not attending school while they are capable of transmitting their condition to others. Students whom the school nurse determines are unwell or unfit for school attendance or who are believed to have a communicable disease or condition will be required to be picked up by their parent/guardian. Examples include, but are not limited to: Varicella (chicken pox), measles, scabies, **conjunctivitis (Pink Eye)**, impetigo, MRSA (Methicillin-resistant Staphylococcus aureus), streptococcal and staphylococcal infections, ringworm, mononucleosis, Hepatitis A, B or C, mumps, vomiting, diarrhea, and fever (100.4 F when taken orally). A student who has been sent home by the school nurse will be subsequently readmitted after 24 hours of effective treatment or absence of **fever** (without the aid of fever reducing medication), diarrhea, and or vomiting. In some instances, a letter from a health care provider may be required prior to the student being readmitted to the school.

To help control the possible spread of communicable diseases, school personnel shall follow the District's exposure control plan when dealing with any blood borne, and airborne pathogens exposures. Standard precautions shall be followed relating to the handling, disposal, and cleanup of blood and other potentially infectious materials such as all body fluids, secretions and excretions (except sweat)/

In accordance with 4.57 – IMMUNIZATIONS, the District shall maintain a copy of each student's immunization record and list of individuals with exemptions from immunization which shall be education records as defined in policy 4.13. That policy provides that an education record may be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

A student enrolled in the District who has an immunization exemption may be removed from school at the discretion of the Arkansas Department of Health during an outbreak of the disease for which the student is not vaccinated. The student may not return to school until the outbreak has been resolved and the student's return to school is approved by the Arkansas Department of Health.

Head Lice/pediculosis--The parents/guardians of students, who are found to have pediculosis (Head Lice), will be asked to pick up their child at the school immediately. The parents/guardians will be given information concerning the eradication and control of pediculosis. Before a student can be readmitted following an absence due to pediculosis/nits, the school nurse or designee shall

examine the student to make sure they are free of any lice/nits. Students who continually have pediculosis/nits will be monitored closely before the student is readmitted each day. Screenings are conducted of students for pediculosis (Head Lice) as needed. The screenings shall be conducted in a manner that respects the privacy and confidentiality of each student.

When a child is sent home by the nurse/administration for nits or lice, the child will be excused for 24 hours. Any days afterwards will be considered unexcused and will apply toward the eight (8) days unexcused per semester. After 8 days of unexcused absences due to nits, DHS will be notified. When returning to school the parent(s)/guardian(s) must bring the child to school for a recheck. The students are not allowed to ride the bus until the recheck has been cleared.

Cross References: 4.2 Entrance Requirements
4.7 Absences
4.13 Privacy of Students' Records/Directory Information
4.57 Immunization

Legal Reference: A.C.A. 6-18-702
Arkansas State Board of Health Rules Pertaining to Immunization Requirement
Division of Elementary and Secondary Education Rules Governing Kindergarten through 12th
Grade Immunization Requirements

Date Adopted: Oct. 2010

Last Revised: June 2019

Medication

School Board Policy – 4.35 Student Medications Student. *Self-Medication pg. 156, Medication Form pg. 157, Albuterol pg. 158, Epinephrine pg. 159, Glucagon pg. 160, Stress Medication pg. 161, Self-stress Medication pg. 162*

Prior to the administration of any medication, including any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, to any student under the age of eighteen (18), written parental consent is required. The consent form shall include authorization to administer the medication and relieve the Board and its employees of civil liability for damages or injuries resulting from the administration of medication to students in accordance with this policy. All signed medication consent forms are to be maintained by the school nurse.

Unless authorized to self-administer, students are not allowed to carry any medications, including **over-the-counter (OTC) medications** or any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, while at school. The parent or legal guardian shall bring the student's medication to the school nurse. The student may bring the medication if accompanied by a written authorization from the parent or legal guardian. When medications are brought to the school nurse, the nurse shall document, in the presence of the parent, the quantity of medication(s). If the medications are brought by a student, the school nurse shall ask another school employee to verify, in the presence of the student the quantity of the medication(s). Each person present shall sign a form verifying the quantity of the medication(s).

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings. Schedule II medications that are permitted by this policy to be brought to school shall be stored in a double locked cabinet.

Students with an individualized health plan (IHP) may be given (OTC) medications to the extent giving such medications are included in the student's IHP.

The district's supervising registered nurse is responsible for creating procedures for the administration of medications on and off campus.

The school shall not keep outdated medications or any medications past the end of the school year. Parents shall be notified ten (10) days in advance of the school's intention to dispose of any medication. Medications not picked up by the parents or legal guardians within the ten (10) day period shall be disposed of by the school nurse in accordance with current laws and rules.

Schedule II Medications

The only Schedule II medications that shall be allowed to be brought to school are methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications determined by the nurse).

For the student's safety, no student will be allowed to attend school if the student is currently taking any other scheduled II medication than permitted by policy. Students who are taking scheduled II medications which are not allowed to be brought to school shall be eligible for homebound instruction if provided for in their IEP or 504 plans.

The district's supervising registered nurse shall be responsible for creating both on campus and off campus procedures for administering medications.

Self-Administration of Medication

Students who have written permission from their parent or guardian and a licensed health care practitioner on file with the District may:

1. Self-administer either a rescue inhaler or auto-injectable epinephrine;
2. Perform his/her own blood glucose checks;
3. Administer insulin through the insulin delivery system the student uses;
4. Treat the student's own hypoglycemia; or
5. Possess on his or her person;
 - a. A rescue inhaler or auto-injectable epinephrine; or
 - b. the necessary supplies and equipment to perform his/her own diabetes monitoring and treatment functions.

A student may be authorized to self-administer a stress dose medication to treat the student's adrenal insufficiency with:

1. The written authorization of the student's parent, legal guardian, or person standing in loco parentis; and
2. A written order from the student's treating physician stating that the student;
 - a. Is capable of completing the proper method of self-administration of the stress dose medication; and
 - b. Has been instructed on the details of the student's medical condition and the events that may lead to an adrenal crisis.

The parent, legal guardian, or person standing in loco parentis of a student who is authorized to self-administer a stress dose medication shall sign an IHP developed by the school nurse for the school where the student is enrolled. The IHP shall include a requirement for the notification of appropriate staff following the self-administration of a stress dose medication, which shall include the school nurse, teacher of the classroom where the stress dose medication was administered, and a school administrator.

Students who have a current consent form on file shall be allowed to carry and self-administer such medication while;

- In school;
- At an on-site school sponsored activity;
- While traveling to or from school; or
- At an off-site school sponsored activity.

A student is prohibited from sharing, transferring, or in any way diverting his/her medications to any other person. The fact that a student with a completed consent form on file is allowed to carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, stress dose medication, or combination does not require the student to have such on the student's person. The parent or guardian of a student who qualifies under this policy to self-carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, stress dose medication or any combination on the student's person shall provide the school with the appropriate medication, which shall be immediately available to the student in an emergency.

Students may possess and use a topical sunscreen that is approved by the United States Food and Drug Administration for OTC use to avoid overexposure to the sun without authorization from a parent, legal guardian, or healthcare professional while the student is on school property or at a school-related event or activity. The parent or guardian of a student may provide written documentation authorizing specifically named District employee(s) named in the parent or legal guardian's written authorization shall not be required to assist the student in the application of sunscreen.

Emergency Administration of Glucagon and Insulin

Students may be administered Glucagon, insulin, or both in emergency situations by the school nurse or, in the absence of the school nurse, a trained volunteer school employee designated as a care provider, provided the student has:

1. An IHP that provides for the administration of Glucagon, insulin, or both in an emergency situation; and
2. A current, valid consent form on file from their parent/guardian.

When the nurse is unavailable, the trained volunteer school employee who is responsible for a student shall be released from other duties during:

- A. The time scheduled for a dose of insulin in the student's IHP; and
- B. Glucagon or non-scheduled insulin administration once other staff have relieved him/her from other duties until a parent, guardian, and other responsible adult, or medical personnel has arrived.

A student shall have access to a private area to perform diabetes monitoring and treatment functions as outlined in the student's IHP.

Emergency Administration of Epinephrine

The school nurse or other school employees designated by the school nurse as a care provider who have been trained and certified by a licensed physician may administer an epinephrine auto-injector in emergency situations to students who have a IHP developed under Section 504 of the Rehabilitation Act of 1973 which provides for the administration of an epinephrine auto-injector in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee certified to administer auto-injector epinephrine to the student when the employee believes the student is having a life-threatening anaphylactic reaction.

Students with an order from and a licensed health care provider to self-administer auto-injector epinephrine and who have written permission from their parent or guardian shall provide the school nurse an epinephrine auto-injector. This

epinephrine will be used in the event the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes the student is having a life-threatening anaphylactic reaction and the student is either not self-carrying his/her epinephrine auto-injector or the nurse is unable to locate it.

The school nurse for each District school shall keep epinephrine auto-injectors on hand that are suitable for the students the school serves. The school nurse or other school employee designated by the school nurse as a care provider who has been trained and certified by a licensed physician may administer auto-injector epinephrine to those students who the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes is having a life-threatening anaphylactic reaction.

Emergency Administration of Albuterol

The school nurse or other school employees designated by the school nurse as a care provider who have been trained and certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol in emergency situations to students who have an IHP that provides for the administration of albuterol in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee(s) certified to administer albuterol to administer albuterol to the student when the employee believes the student is in perceived respiratory distress.

The school nurse for each District school shall keep albuterol on hand. The school nurse or other school employee designated by the school nurse as a care provider who have been trained and certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol to those students who the school nurse, or other school employee certified to administer albuterol, in good faith professionally believes is in perceived respiratory distress.

Emergency Administration of Anti-opioid

The school nurse for each District school shall keep anti-opioid injectors on hand and the school nurse and school resource officer shall possess an anti-opioid at all times when on duty. The school nurse, other school employee, volunteer, or student may administer anti-opioid in accordance with the District's procedures to a student who the school nurse, or other observer, in good faith believes is having an opioid overdose.

An opioid overdose rescue kit shall be placed within all storage locations in the District high school buildings that currently contain an automated external defibrillator for public use. The opioid overdose rescue kits shall be located where it is readily available to the public, be visually free of advertisement, and contain an anti-opioid.

Emergency administration of Emergency Adrenal Insufficiency Medication

The school nurse or other school employees designated by the school nurse as a care provider who have been trained and certified by a licensed physician may administer an injectable emergency dose medication in emergency situations to students who have an IHP that provides for the administration of an injectable emergency dose medication in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee(s) certified to administer an injectable emergency dose medication to administer an injectable emergency dose medication to the student when the employee believes the student is having an adrenal crisis due to adrenal insufficiency.

Students who have met the requirements to be authorized to self-administer a stress dose medication under this policy shall provide the school nurse an emergency injectable dose of the student's medication. This emergency injectable dose will be used in the event the school nurse, or other school employee certified to administer an injectable emergency dose medication, in good faith professionally believes the student is having an adrenal crisis due to adrenal insufficiency.

(Nemo Vista): Medications which are prescribed to be given three (3) times a day will not be administered at school; the only exception will be those prescribed to be given at lunch.

Deviations from label directions will require a written provider's order.

The initial dose if a new medication must be given by the parent/guardian outside the school setting. A specific length of time may be required between the initial dose being given and the student's re-admittance. The school may withdraw authorization from medication administration for cause at any time following written notice to the parent/guardian.

Parents/guardians of students that require medication, and or treatments will be required to provide **current** documents from their child's health care provider. This includes but is not limited to individualized Health care plans (IHP) for asthmatics, food/insect allergies, diabetics, medications, and consent forms.

Seizure Disorder Medications

Students who have been diagnosed with a seizure disorder shall have a seizure action plan that shall be a written IHP designed to acknowledge and prepare for the healthcare needs of the student. The student's seizure action plan shall be created in collaboration between District staff and the student's Parents, legal guardians, persons having lawful control of the student, or persons acting in loco parentis or the student if over eighteen (18). As part of the creation of the student's seizure action plan, the student's Parents, legal guardians, persons having lawful control of the student, or persons acting in loco parentis shall:

1. Provide the school with written authorization to administer the seizure medication at school;
2. Provide a written statement from the student's healthcare provider that shall contain the following information:
 - The student's name;
 - The name and purpose of the medication;

- The prescribed dosage;
 - The route of administration;
 - The frequency that the medication should be administered; and
 - The circumstances under which the medication should be administered;
3. Provide the prescribed medication to the school in its unopened, sealed package with the label affixed by the dispensing pharmacy intact, which shall be stored in a safe and secure location accessible only by District personnel or volunteers with training to administer seizure medication.

The written authorization, written statement, and seizure action plan shall be kept on file in the office of the school nurse or school administrator and distributed to any school personnel or volunteers responsible for the supervision or care of the student.

***Current – from the beginning of a school year to the end or as changes occur.**

Legal References: Ark. State Board of Nursing: School Nurse Roles and Responsibilities

Division of Elementary and Secondary Education and Arkansas State Board of Nursing Rules Governing the Administration of Insulin, Glucagon, and Medication for Adrenal Insufficiency or Adrenal Crisis to Arkansas Public School Students

A.C.A. § 6-18-701

A.C.A. § 6-18-707

A.C.A. § 6-18-711

A.C.A. § 6-18-714

A.C.A. § 6-18-717

A.C.A. § 6-18-720

A.C.A. § 6-18-721

A.C.A. § 17-87-103 (11) and (14)

A.C.A. § 20-13-405

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Last Revised: July 2023

Special Menus

School Board Policy 4.50-SCHOOL Meal Modifications *Special Dietary Needs Form pg. 171-172*

The district only provides modified meal components on menus to accommodate students with a disability. A parent/guardian wishing to request dietary accommodations for their student with a disability must submit to the district's Director of Child Nutrition a Certification of Disability for Special Dietary Needs Form completed by a State Licensed healthcare professional, which includes:

- Physicians, including those licensed by:
 - The Arkansas State Medical Board;
 - The Arkansas State Board of Chiropractic Examiners (Chiropractors);
 - The Arkansas Board of Podiatric Medicine (Podiatrists);
- Nurse Practitioners (APRNs in family or pediatric practice with prescriptive authority);
- Physician Assistants (PAs who work in collaborative practice with a physician); and
- Dentist.

The medical statement should include:

1. A description of the student's disability that is sufficient to understand how the disability restricts the student's diet;
2. An explanation of what must be done to accommodate the disability, which may include:
 - a. Food(s) to avoid or restrict;
 - b. Food(s) to substitute;
 - c. Caloric modifications; or
 - d. The substitution of a liquid nutritive formula.

If the information provided in the medical statement is unclear, or lacks sufficient detail, the district's Director of Child Nutrition shall request additional information so that a proper and safe meal can be provided.

When choosing an appropriate approach to accommodate a student's disability, the District will consider the expense and efficiency of the requested accommodations. The District will offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the program, which may include a generic version of a product.

Parents may file a grievance regarding the request for accommodations with the District's 504 Coordinator, who will schedule a hearing on the grievance to be held as soon as possible. The 504 coordinator shall provide a copy of the procedures governing the hearing, including that the parent has the right to be accompanied by counsel, and the appeal process upon request.

The district will not prepare meals outside the normal menu to accommodate a family's religious or personal health beliefs.

Legal References: Commissioner's Memo FIN-09-044

Commissioner's Memo FIN-15-122
Commissioner's Memo CNU-17-051
Commissioner's Memo CNU-18-008
Commissioner's Memo CNU-18-023
Commissioner's Memo CNU-18-025
7 CFR 210.10(g)

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