

~~(d) (1) For each school year each public school shall report to the county board or county health department the number of children entering the public school system for the first time who have not had a physical examination because of:~~

~~(i) The lack of access to health care;~~

~~(ii) Insufficient financial resources; or~~

~~(iii) Any other reason, including a religious reason, as the public school deems appropriate.~~

~~(2) The county board or county health department shall report the information obtained under paragraph (1) of this subsection to the Department of Health and Mental Hygiene.~~

~~(3) (1) FOR EACH SCHOOL YEAR EACH PUBLIC SCHOOL IN BALTIMORE CITY SHALL REPORT THE RESULTS OF A BLOOD TEST SCREENING TO THE COMMISSIONER OF THE BALTIMORE CITY HEALTH DEPARTMENT.~~

~~(2) FOR EACH SCHOOL YEAR THE COMMISSIONER SHALL REPORT THE RESULTS OF THE BLOOD TEST SCREENING TO THE DEPARTMENT OF THE ENVIRONMENT.~~

7-403.

(a) (1) In cooperation with the State Board and the Medical and Chirurgical Faculty of Maryland, the Department of Health and Mental Hygiene shall adopt rules and regulations regarding the immunizations AND BLOOD TESTS FOR LEAD POISONING required of children entering schools.

(2) These rules and regulations shall:

(i) Be adopted in compliance with the Administrative Procedure Act; [and]

(ii) Provide that any child may have the immunization administered by his personal physician; AND

(III) 1. BY SEPTEMBER 2003, IN AREAS DESIGNATED AS AT RISK FOR LEAD POISONING, AS DETERMINED UNDER § 18-106 OF THE HEALTH - GENERAL ARTICLE, WHEN A CHILD ENTERS A PUBLIC PREKINDERGARTEN PROGRAM, KINDERGARTEN PROGRAM, OR FIRST GRADE, REQUIRE THE PARENT OR LEGAL GUARDIAN OF THE CHILD TO PROVIDE EVIDENCE OF THE RESULTS OF THE CHILD'S BLOOD TESTS FOR LEAD POISONING ADMINISTERED IN ACCORDANCE WITH THE GUIDELINES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN "THE SCREENING OF YOUNG CHILDREN FOR LEAD POISONING: GUIDANCE FOR STATE AND LOCAL PUBLIC HEALTH OFFICIALS (NOVEMBER 1997)" AND ANY SUBSEQUENT GUIDELINES; AND

2. BY SEPTEMBER 2003, REQUIRE A PROGRAM OR SCHOOL TO REPORT THE INFORMATION RECEIVED UNDER ITEM 1 OF THIS ITEM TO THE LOCAL HEALTH DEPARTMENT IN THE JURISDICTION WHERE THE CHILD RESIDES.