



# Required Immunizations for 2018-2019-Revised 5-2018

Parents, please complete the information and sign appropriately.

## Section I: Immunization

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Date of Birth*

I understand that within ninety (90) days of enrollment in school my child needs to show proof of immunization against the diseases of Varicella/Diphtheria/Tetanus/Pertussis/Polio/Measles/Mumps/Rubella. Students transferring from one school system to another within Maine have 21 days to demonstrate proof of immunization(s). I understand that if my child is not fully immunized then I will have him or her immunized within ninety (90) days of enrolling (officially registering) in school or first attendance in school classes, whichever date is the earliest.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Parent/Guardian's Name (Please print)*

\_\_\_\_\_  
*Date*

Please be advised MAINE LAW (20-A MRSA ss, 6352-6359) clearly states that all children be immunized in the following manner:

### Pre K only

4 DtaP (Diphtheria, Tetanus, Pertussis)

3 Polio (IPV)

1 MMR (Measles, Mumps and Rubella)

1 Varicella (Chicken Pox Vaccine)

### Grades K through 12

5 DTP, DtaP, Dt or Td (Diphtheria, Tetanus, Pertussis)

4 doses if 4<sup>th</sup> is given on or after 4<sup>th</sup> birthday or 3Td (one may be a Tdap)

tDap required for students entering 7<sup>th</sup> grade

4 OPV or IPV (polio), (3 doses if 3<sup>rd</sup> is given on or after 4<sup>th</sup> birthday)

2 MMR (Measles, Mumps and Rubella)

First Dose Must be given on or after 1<sup>st</sup> birthday

1 Varicella (Chicken Pox Vaccine) or 2 Varicella if given at age 13 or after

### 7<sup>th</sup> Grade

1 Dose of Meningococcal vaccine MCV4 (serogroup A, C, W, and Y) is required for all students entering 7<sup>th</sup> grade

### 12<sup>th</sup> Grade

2 Doses of Meningococcal vaccine MCV4 are required for students entering 12<sup>th</sup> grade, with a minimum interval of 8 weeks between dose one and dose two.

If the first dose of Meningococcal was administered on or after the 16<sup>th</sup> birthday, a second dose is not required.

Each immunization (or proof of illness) entry must include date given (month day year) and name/signature of provider (doctor office or clinic).

Shot records/immunizations certificates/school health records are checked for these requirements by the nurse or nurse's designee. The parent/guardian will be notified of any deficiencies by letter sent home with child.

## IMPORTANT

- According to Maine Law, no child may be enrolled in school without proof of immunization or a certificate of exemption. Students not immunized ninety (90) days from the date of enrollment/officially registering will not be able to attend school until the immunization requirements are met.
- A child not immune from disease shall be excluded from school and school activities when in the opinion of a public health official the child's continued presence in school poses a clear danger to the health of others. Children excluded from school will be prohibited from attending school until either the child is immunized, the danger of the outbreak has passed, or the child contracts the disease and completely recovers.



# Required Immunizations for 2018-2019-Revised 5-2018

## Section II: Exemptions

A small number of children will **not** be able to receive immunizations, usually for a sincere religious, moral, or philosophical belief.

School children exempted from immunization will be excluded from school if one of the diseases for which immunization is required is identified in the community.

Parents seeking an exemption to the immunization requirements for their child for medical reasons must have the medical section completed by the child's physician annually.

### Part A. MEDICAL EXEMPTION (physician to complete a, b or c; date and sign)

- a. The following immunization(s) are harmful to this child's health: \_\_\_\_\_
- b. This child has laboratory evidence demonstrating immunity against the following disease(s) and vaccine for protection is not necessary. Indicate date and serologic result by disease type.

VARICELLA	Date _____	Result _____
RUBEOLA	Date _____	Result _____
RUBELLA	Date _____	Result _____
MUMPS	Date _____	Result _____
Other:		
_____	Date _____	Result _____

- c. This child has a documented history of varicella (chickenpox) disease and vaccine designed to protect against the disease is not necessary. Date of varicella disease \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Physician's Name (Please print)*

\_\_\_\_\_  
*Date*

**Part B.** The parent or guardian seeking exemption on the basis of a sincere religious, moral, or philosophical brief needs to provide a written statement annually.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Parent/Guardian's Name (Please print)*

\_\_\_\_\_  
*Date*