

Student Immunization Form - ECCA 2015-2016

Student Name _____

Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY

- () Complete; booster required in _____
 () In process; 8 mos. expires _____
 () Medical exemption for _____
 () Conscientious objection for _____
 () Parental/guardian consent _____

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

| Type of Vaccine | DO NOT USE (✓) or (✗) | 1st Dose Mo/Day/Yr | 2nd Dose Mo/Day/Yr | 3rd Dose Mo/Day/Yr | 4th Dose Mo/Day/Yr | 5th Dose Mo/Day/Yr |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
| Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.) | | | | | | |
| Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years | | | | | | 5th dose not required if 4rd dose was given on or after the 4th birthday |
| Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above | | | | | | |
| Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade | | | | | | |
| Polio (IPV, OPV) • final dose on or after age 4 years | | | | | 4th dose not required if 3rd dose was given on or after the 4th birthday | |
| Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday | | | | | | |
| Hepatitis B (hep B) | | | | | | |
| Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required | | | | | | |
| Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years | | | | | | |
| Recommended | | | | | | |
| Human Papillomavirus (HPV) | | | | | | |
| Hepatitis A (hep A) | | | | | | |
| Influenza (annually for children 6 months and older) | | | | | | |

Additional exemptions:

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

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| <p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p> | |
| <p>A. Received all required immunizations: I certify that this student has received all immunizations required by law.</p> <p>_____</p> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p> <p>_____</p> <p>Signature of Parent / Guardian</p> <p>_____ Date</p> | <p>B. Will complete required immunizations within the next 8 months: I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p> <p>_____</p> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p> |

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| <p>2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.</p> | |
| <p>A. Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p> | <p>B. Conscientious exemption: No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____</p> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20_____</p> <p>_____</p> <p>Signature of notary</p> |

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| <p>3. Parental/Guardian Consent to Share Immunization Information (optional): Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.</p> <p>I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:</p> <p>_____</p> <p>Signature of parent or legal guardian Date</p> | |
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Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

The following immunizations are required beginning Sept. 1, 2014.

To enter into child care, early childhood programs, and elementary or secondary schools (public or private), children need to have certain immunizations. Use this chart as a quick reference to determine which vaccines are required for enrollment. See below for exemption information.

| Birth through 4 years Early childhood programs & Child care | Age: 5 through 6 years ² For Kindergarten | Age: 7 through 11 years For 1st through 6 th grade | Age: 12 years and older For 7 th through 12 th grade |
|--|---|--|---|
| Hepatitis A | | | |
| Hepatitis B | Hepatitis B 3 doses | Hepatitis B 3 doses | Hepatitis B ³ 3 doses |
| DTaP/DT | DTaP 5 doses <small>5th shot not needed if 4th was after age 4 Final dose on or after age 4 years</small> | At least 3 tetanus and diphtheria containing doses | Tdap ⁴ At age 11-12 years |
| Polio | Polio 4 doses <small>4th polio not needed if 3rd was after age 4 Final dose on or after age 4 years</small> | Polio At least 3 doses | Polio At least 3 doses |
| MMR | MMR 2 doses | MMR 2 doses | MMR 2 doses |
| Hib <i>Haemophilus influenzae</i> type b | | | Meningococcal ⁵ At age 11-12 years |
| Pneumococcal At age 2-24 months | | | |
| Varicella ¹ | Varicella ¹ 2 doses | Varicella ¹ 2 doses | Varicella ¹ 2 doses |

Immunizations recommended but not required by the Immunization Law:

Influenza

Recommended annually for all children age 6 months and older

Rotavirus

Recommended for infants

Human papillomavirus

Recommended at age 11 years

¹ If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.

² First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.

³ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.

⁴ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is needed.

⁵ A booster dose is required at age 16 years or three years later if the first dose was given between age 13-15 years.

Exemptions

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for Vaccination Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Vaccines required to enter into child care, early childhood programs, and elementary or secondary schools (public or private).

| Vaccine/Disease | Disease spread by | Disease symptoms | Disease complications |
|---|---|--|--|
| DTaP or Tdap vaccine protects against diphtheria, pertussis, and tetanus | Diphtheria: Air, direct contact Pertussis: Air, direct contact Tetanus: Exposure through cuts in skin | Diphtheria: Sore throat, mild fever, weakness, swollen glands in neck Pertussis: Severe cough, runny nose, apnea (a pause in breathing in infants) Tetanus: Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever | Diphtheria: Swelling of the heart muscle, heart failure, coma, paralysis, death Pertussis: Pneumonia (infection in the lungs), brain damage, death Tetanus: Broken bones, breathing difficulty, severe muscle spasms, death, |
| Hib vaccine protects against <i>Haemophilus influenzae</i> type b | Direct contact, air | May be no symptoms unless bacteria enters the blood; generalized weakness and fever, stiff neck, confusion, irritability, local infections, joint pain | Meningitis (infection of the covering around the brain and spinal cord), shock due to blood infection, swelling of the throat that can lead to serious breathing problems, hearing loss, pneumonia, bone and heart infections, death |
| Hep A vaccine protects against hepatitis A | Direct contact, contaminated food or water | Fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), joint pain, dark urine or no symptoms | Liver failure |
| Hep B vaccine protects against hepatitis B | Contact with blood or body fluids | Fever, headache, weakness, vomiting, jaundice, joint pain, or no symptoms | Chronic liver infection, cirrhosis, liver failure, liver cancer |
| MMR vaccine protects against measles, mumps, and rubella | Air, direct contact | Measles: High fever, cough, runny nose, red watery eyes, rash Mumps: Swollen salivary glands (under the jaw), testicle or ovary swelling, fever, headache, tiredness, muscle pain Rubella: Rash, fever, swollen lymph nodes | Measles: Brain swelling, seizures, ear infection, pneumonia, death Mumps: Meningitis, brain swelling, deafness, sterility Rubella: Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects |
| MCV vaccine protects against meningococcal | Air, direct contact | Severe headache, fever, nausea, vomiting, bruising rash, confusion, extreme sleepiness | Blood infections, amputation, deafness, nervous system problems, developmental disabilities, seizures, death |
| PCV vaccine protects against pneumococcal | Air, direct contact | Fever, cough or difficulty breathing, weakness, severe headache or irritability, or no symptoms | Blood infections, meningitis, pneumonia, death |
| Polio vaccine protects against polio | Direct contact, through the mouth, air | Sore throat, fever, nausea, headache, leg weakness, or no symptoms | Paralysis, chronic muscle weakness, death |
| Varicella vaccine protects against chickenpox | Air, direct contact | Itchy rash, fever, tiredness, headache | Skin infection, bleeding disorders, brain swelling, pneumonia |

Vaccines recommended but not required by the Immunization Law

| Vaccine/Disease | Disease spread by | Disease symptoms | Disease complications |
|--|-----------------------|---|---|
| HPV vaccine protects against human papillomavirus | Sex, intimate contact | Warts on genitals, or no symptoms | Cervical, vaginal, or vulvar cancer in females; penile cancer in males; anal or oral cancer and genital warts in males and females. Chronic infections requiring ongoing treatment. |
| Flu vaccine protects against influenza | Air, direct contact | Fever, muscle pain, sore throat, cough, extreme fatigue | Pneumonia, Guillain-Barré syndrome, death |
| Rotavirus vaccine protects against rotavirus | Through the mouth | Diarrhea, fever, vomiting | Dehydration, collapse |