

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 501.5.5.3P Adopted January 2004 Revised June 2014

Title Notification of Immunization Law Requirements for Elementary Students (30 day or Completion of Series)

Dear parent/guardian of _____, Date _____
print student name

In order to be in compliance with state law, your child needs to be current on all required immunizations or provide documentation of exemption **in order to remain in school**. We do not have a record of a:

- | | |
|---|---|
| _____ 2 nd MMR (Measles, Mumps and Rubella) immunization | _____ 2 nd HepB (Hepatitis B) immunization |
| _____ 2 nd Varicella (Chicken Pox) immunization | _____ 3 rd HepB (Hepatitis B) immunization |
| _____ 3-dose series of HepB (Hepatitis B) vaccine | _____ Polio (IPV, OPV) immunization |
| _____ DTaP, DTP (Tetanus, Diphtheria and Pertussis) | |

as required by state law for your child. If a record of your child receiving this/these immunization(s) or documentation of exemption is not received in the school nurse's office by the dates recorded at the bottom of this letter, **your child will not be permitted to attend school until the requirements of the law are met.**

There are several ways in which you may comply with this law:

1. Once the immunization indicated above has been given, write the date (month, day, year) of the immunization on the Student Immunization Form located on the reverse of this document, sign where indicated, and return this document to your school nurse; **or**
2. If your child has received at least one of a series of immunizations and will complete the series within the next eight months, the physician must indicate such and sign the Student Immunization Form located on the reverse of this document, then return the document to your school nurse; **or**
3. If your child will not receive the immunization due to a medical contraindication or laboratory evidence of immunity, you must give the school nurse a statement signed by a physician (you may use the statement on the reverse of this document), **or**
4. If your child will not receive the immunization due to conscientiously held beliefs, you must give the school nurse a notarized statement signed by the parent or guardian (you may use the statement on the reverse of this document).

If you meet any one of the following Minnesota Vaccines for Children (MnVFC) eligibility criteria, you may call Dakota County Public Health (952-891-7999) to receive low-cost vaccinations (There may be no charge for the vaccine for children meeting the criteria listed below):

- You are uninsured;
- You are enrolled in Minnesota Medical Assistance (MA), Minnesota Care (MnCare) or Prepaid Medical Assistance Program (PMAP);
- You are an American Indian or Alaskan Native, or
- You have health insurance that does not cover the cost of the vaccine.

According to Minnesota Statute 121A.15 (immunization law for school children), your child will not be permitted to attend school if the school nurse has not received one of the above proofs of compliance by

_____ (30 calendar-day date) for _____ and/or
date immunization
_____ (8-month series completion date) for _____
date immunization

We appreciate your timely attention to this matter. If you have any questions, please call your school nurse.

Sincerely,
Principal _____ School Nurse _____

Student Immunization Form

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	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	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 (x)	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.

Developed by the Minnesota Department of Health - Immunization Program

www.health.state.mn.us/immunize

(12/13) #140-0155

Student Name _____

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)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Received all required immunizations:

I certify that this student has received all immunizations required by law.

Signature of Parent / Guardian OR Physician / Public Clinic

Date

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.

The dates on which the remaining doses are to be given are:

Signature of Physician / Public Clinic

Date

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

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):

Signature of physician/nurse practitioner/physician assistant

Date

*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)

Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)

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):

Signature of parent or legal guardian

Date

Subscribed and sworn to before me this:
_____ day of _____ 20____

Signature of notary

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.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

Signature of parent or legal guardian

Date

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