

Student Immunization Form - ECCA 2018-2019

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						
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						5th dose not required if 4rd dose was given on or after the 4th birthday
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)

<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:</p> <p>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>

<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>

<p>3. Parental/Guardian Consent to Share Immunization Information (optional):</p> <p>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>	
--	--

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to age 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^① 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 (Hep A) ✓✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑥ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT ^④ ✓✓✓✓✓	✓✓✓tetanus and diphtheria containing doses	Tdap ^⑦ ✓
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal ^⑧ ✓ & booster
Pneumococcal ^② ✓✓✓✓			
Varicella ^③ ✓	Varicella ^③ ✓✓	Varicella ^③ ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza

Annually for all children age 6 months and older

Rotavirus

For infants

Human papillomavirus

At age 11 -12 years

- ① First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ② Not required after 24 months.
- ③ 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.
- ④ Fifth shot of DTaP not needed if fourth was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third was after age 4. Final dose of polio on or after age 4.
- ⑥ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- ⑦ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7 through 10 years another dose of Tdap is not needed. Td does not meet the Tdap requirement.
- ⑧ One dose is required beginning at 7th grade. The booster dose is usually given at 16 years but the timing depends on when the first dose was given.

Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

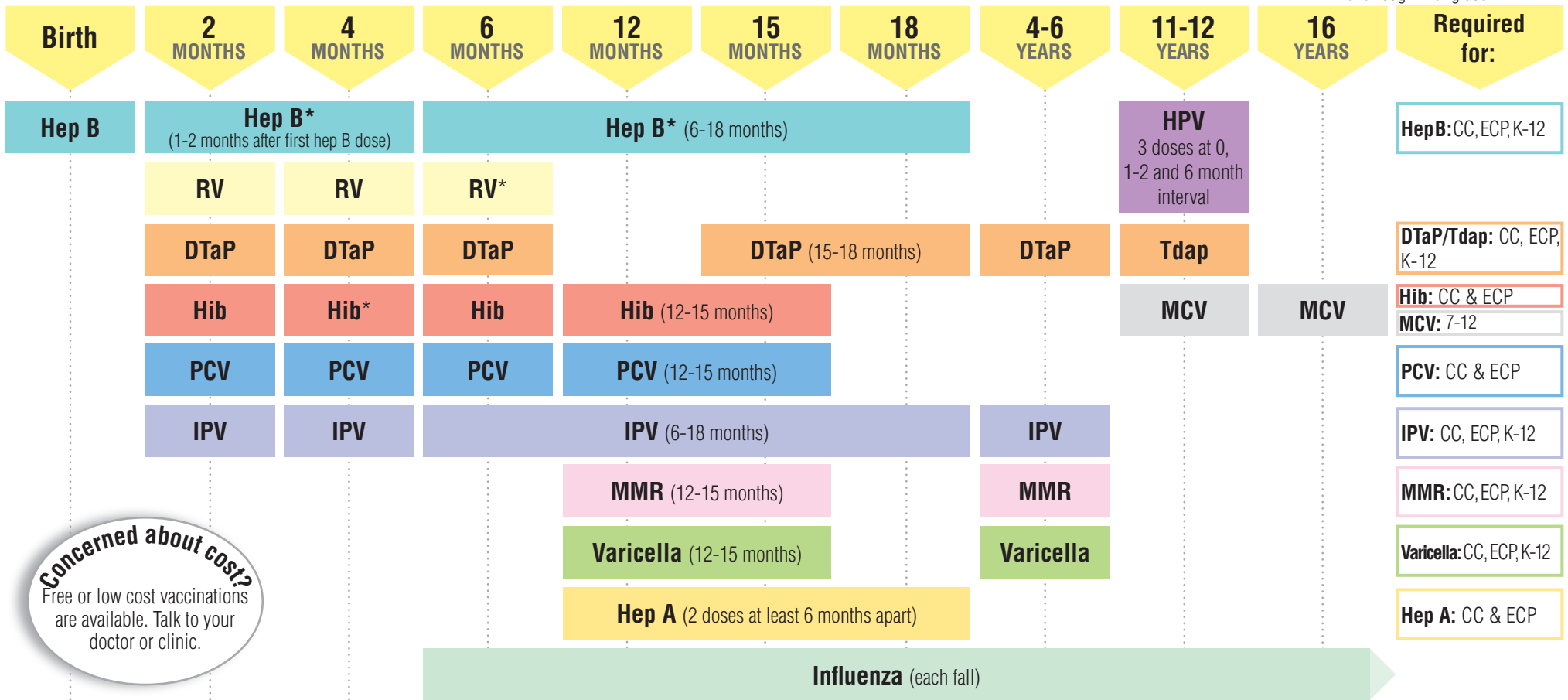
Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for 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.

When to Get Vaccines Birth to 16 Years

CC = Child care
ECP = Early Childhood Programs
K-12 = Kindergarten through 12th grade
7-12 = 7th through 12th grade



Concerned about cost?
Free or low cost vaccinations are available. Talk to your doctor or clinic.

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.

*The **number of doses** depends on the product your doctor uses.

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

Key to vaccine abbreviations

DTaP/Td/Tdap=diphtheria, pertussis, tetanus	Hep B = <i>Haemophilus influenzae</i> type b
Hep B=hepatitis B	Hep A= hepatitis A
IPV=polio	MCV=meningococcal
MMR= measles, mumps, rubella	PCV= pneumococcal
	RV=rotavirus



Teens need shots, too!

Schedule your teen's doctor visit today!

Doctor visits for school, sports, camp, or minor illnesses are a great time to make sure your teen's immunizations are up to date!

If you are concerned about the cost of shots, free or low cost immunizations are available; talk to your doctor or clinic. Remember to bring your teen's immunization record.

Which vaccine?	Who?	Required by school law?*
Tetanus, diphtheria, pertussis (Tdap)	<ul style="list-style-type: none"> For 11- or 12-year-olds instead of the Td booster. Tdap vaccine also protects against whooping cough. 	Updated to reflect new requirements beginning September 1, 2014 <ul style="list-style-type: none"> 1 shot needed for 7-12th grade.
Meningococcal (MCV)	<ul style="list-style-type: none"> For 11- or 12-year-olds (and then a booster shot at age 16). Protects against 3 of the 4 most common types of meningitis. 	<ul style="list-style-type: none"> Needed for 7-12th grade.
Human papillomavirus (HPV)	<ul style="list-style-type: none"> For 11- or 12-year-olds. This vaccine, given in a series of 3 shots, prevents most cervical cancer and certain types of anal cancer, vaginal cancers, and possibly mouth and throat cancers. 	<ul style="list-style-type: none"> Strongly recommended, but not required.
Influenza	<ul style="list-style-type: none"> Protects against flu (given each year). 	
Measles, mumps, rubella (MMR)	<ul style="list-style-type: none"> For those who only received 1 shot previously. 	<ul style="list-style-type: none"> 2 shots needed for 7-12th grade.
Chickenpox (Varicella)	<ul style="list-style-type: none"> For those who have never had chickenpox disease. For those who have not already had 2 doses. 	<ul style="list-style-type: none"> 2 shots needed for 7-12th grade.
Hepatitis B	<ul style="list-style-type: none"> For those who have not already received this series of 3 shots. 	<ul style="list-style-type: none"> 3 shots needed for 7-12th grade.

*Legal exemption available for medical or conscientious reasons

Shots don't have to be scary!

Suggestions to give your teen:

- Bring along their favorite music & headphones
- Breathe! Take slow, deep breaths
- Make eye contact with you or another supportive person
- Close their eyes and think of a favorite place or activity
- Focus on something in the room, like a poster
- Tell you about a fun upcoming activity
- Remember that getting shots may sting a little, but it's much better than getting sick

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

Immunization Program
 P.O. Box 64975
 St. Paul, MN 55164-0975
 651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize (3/14)



IC# 141-2345