

Sanford School Department Required Immunizations

Student's Name: _____

Grade: _____

- 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, and Rubella.
- I understand that 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/her immunized with 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

MAINE LAW (20-A MRSA SS, 6352-6358) states that all children be immunized in the following manner.

5 doses - DTP, DtaP, DT or Td (Diphtheria, Tetanus, Pertussis)	4 doses if 4th is given on or after 4 th birthday
4 doses - OPV or IPV (Polio)	3 doses if 3rd is given on or after 4 th birthday
2 doses - MMR (Measles, Mumps and Rubella)	Must be given on or after 1 st birthday
1 doses - Varicella (Chicken Pox Vaccine)	Must be given on or after 1 st birthday
2 doses - Varicella (Chicken Pox Vaccine)	If 1 st dose is given after age 13

Each immunization entry must include date given (mo/day/year) and name/signature of provider (doctor's office or clinic)

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

- 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 the child is immunized, the danger of the outbreak has passed, or the child contracts the disease and completely recovers.

IMMUNIZATION EXEMPTIONS

A small number of children may not be able to receive immunizations, usually for medical, "sincere religious belief" or "philosophical reasons." These children will be excluded from school if one of the diseases for which immunization is required is identified in the school and/or community. **These exemptions must be renewed annually.**

MEDICAL EXEMPTION: (Your physician **MUST** 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 illness(es) and vaccine designed to protect against the disease(s) named 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

OTHER EXEMPTION: As parents/guardians we are seeking an exemption on the basis for "sincere religious belief" or for "philosophical reasons." **You must provide a written statement annually, plus sign and date below.**

Parent/Guardian's Signature

Parent/Guardian's Name (please print)

Date