

Immunization Records/Vaccination Exemptions

Under Section 2164 of the New York State Public Health Law, all children attending a school, day care or preschool program, must be immunized prior to entering school and to continue to attend school.

Minimum Requirements

- **DTP** (*Diphtheria, Tetanus and Pertussis/whooping cough*): **3 doses required**, 5 doses recommended
- **Polio**: **3 doses required**, 5 doses recommended
- **MMR** (*Measles, Mumps and Rubella*): **2 doses required**
- **Hepatitis B**: **3 doses required**
- **Varicella** (*Chicken Pox*): **2 doses required** - 1 dose for Kindergarten, 1 dose for 6th grade (*As of January 1, 2005, students born on or after January 1, 1994, and who enroll in the 6th grade at the beginning of the 2005- 2006 school year must be immunized against varicella.*)

All students must have an **updated** immunization record on file at the school. A copy of your child's shot records or a Declaration of Vaccination **Exemption** can be obtained from your child's **physician**.

Policy

1. Parents are given **14 days after enrollment or request** from Health Office to provide a complete shot record and/or medical appointment date for needed vaccinations;
2. Director will be made aware of absent vaccines and a phone call to the parent/guardian will be made requesting the information;
3. Parents will be notified in writing if documents remain outstanding;
4. If there is no response to the above requests, the Director will be notified of non-compliance and follow-up with necessary action.

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

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1. Patient's Name _____
 2. Patient's Date of Birth _____
 3. Patient's Address _____
 4. Name of Educational Institution _____
-

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | |

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ NYS Medical License # _____

Address _____

Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status Accepted Not Accepted Date: _____

SECTION BELOW FOR SCHOOL DISTRICT USE ONLY

To the Building Principal:

If, after review of the parental statement, questions remain about the existence of a sincerely held religious belief, Department of Health regulation [10 NYCRR, Section 66-1.3(d)] permits the principal to request supporting documents. Some examples include:

- A letter from an authorized representative of the church, temple, religious institution, etc. attended by the parent/guardian, literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization (Note: Parents/guardians need not necessarily be a member of an organized religion or religious institution to obtain a religious exemption);
- Other writings or sources upon which the parent/guardian relied in formulating religious beliefs that prohibit immunization;
- A copy of any parental/guardian statements to healthcare providers or school district officials in a district of prior residence explaining the religious basis for refusing immunization;
- Any documents or other information the parent/guardian may be willing to provide that reflect a sincerely held religious objection to immunization (for example: disclosure of whether parent/guardian or other children have been immunized, parent/guardian's current position on allowing himself or herself or his or her children to receive or refuse other kinds of medical treatment.)

Reviewer Name (Building Principal) _____

Indicate Result of Request Review:

APPROVED **Date of Approval** _____

DENIED **Date of Denial** _____

State Specifically Reason(s) for Denial:
