

STUDENT'S IMMUNIZATION RECORD

NORRIS PUBLIC SCHOOLS, DISTRICT # 160

25211 S. 68TH STREET, FIRTH, NE 68358

NEBRASKA STATE LAW REQUIRES THAT, "FOR PURPOSES OF COMPLIANCE WITH THE IMMUNIZATION REQUIREMENT, THE BOARD OF EDUCATION OR SCHOOL BOARD OR OTHER GOVERNING AUTHORITY, SHALL REQUIRE THE PRESENTATION OF AN IMMUNIZATION HISTORY CONTAINING THE NAME OF THE VACCINE, THE MONTH AND YEAR OF ADMINISTRATION (THE MONTH, DAY AND YEAR FOR MMR VACCINE), THE NAME OF THE HEALTH PRACTITIONER, THE AGENCY WHERE THE IMMUNIZATION WAS OBTAINED, AND THE SIGNATURE OF PHYSICIAN, PARENT, GUARDIAN, OR OF SUCH OTHER PERSON MAINTAINING THE IMMUNIZATION HISTORY OF THE STUDENT, VERIFYING THAT THE STUDENT HAS RECEIVED THESE VACCINES."

IMMUNIZATION	TYPE OF VACCINE	DOSE	DATE GIVEN <small>Month/Day/Year</small>	PROVIDER
CHILD'S LAST NAME		FIRST NAME	MIDDLE NAME	BIRTHDATE
PARENT/GUARDIAN NAME		PHONE NUMBER		
DTaP/DTP/DT/Td <small>DIPHTHERIA, TETANUS, PERTUSSIS</small>		1		
		2		
		3		
		4		
POLIO <small>OPV BY MOUTH IPV BY INJECTION</small>		1		
		2		
		3		
MMR <small>MEASLES, MUMPS, and RUBELLA</small>		1		
		2		
HIB <small>HAEMOPHILUS INFLUENZAE TYPE B</small>		1		
		2		
		3		
HEPATITIS B		1		
		2		
		3		
VARICELLA (chickenpox) <small>IF STUDENT HAD DISEASE, WRITE "HAD DISEASE" AND DATE OF OCCURRENCE</small>		1		
		2		
MENACTRA (OPTIONAL)		1		
OTHER:		1		

IF A STUDENT DOES NOT RECEIVE IMMUNIZATIONS FOR MEDICAL REASONS, PARENTS/GUARDIANS MUST PROVIDE A SIGNED WAIVER FROM THE CHILD'S PHYSICIAN STATING THAT THE REQUIRED IMMUNIZATION(S) WOULD BE INJURIOUS TO THE HEALTH OF THE STUDENT OR ANY MEMBER OF THE STUDENT'S HOUSEHOLD. PARENTS/GUARDIANS OF A STUDENT NOT RECEIVING IMMUNIZATIONS FOR RELIGIOUS REASONS MUST PROVIDE A NOTARIZED AFFIDAVIT STATING THAT THE IMMUNIZATION CONFLICTS WITH THE TENETS AND PRACTICE OF THE STUDENT'S RELIGIOUS DENOMINATION. CONTACT YOUR SCHOOL HEALTH OFFICE TO RECEIVE COPIES OF THESE FORMS. STUDENTS WITH EXEMPTIONS ON FILE MAY NEED TO BE EXCLUDED FROM SCHOOL IF THERE IS AN OUTBREAK OF A VACCINE-PREVENTABLE DISEASE. REFER TO PAGE 2 OF THIS DOCUMENT FOR A TABLE OF REQUIRED IMMUNIZATIONS AND PROVISIONS TO DOCUMENT LABORATORY EVIDENCE OF IMMUNITY TO MEASLES, MUMPS, OR RUBELLA.

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS CORRECT AND CAN BE VERIFIED.

SIGNATURE OF PARENT/GUARDIAN OR PHYSICIAN

DATE

THESE ARE THE MOST CURRENT IMMUNIZATION REQUIREMENTS FOR ENROLLMENT INTO NEBRASKA SCHOOLS,
LAST UPDATED FEBRUARY 2011

NEBRASKA SCHOOL IMMUNIZATION REQUIREMENTS	
2-5 YEAR OLDS ENROLLED IN SCHOOL-BASED PROGRAM NOT LICENSED AS A CHILD CARE PROVIDER	<p>4 DOSES OF DTaP, DTP, OR DT VACCINE</p> <p>3 DOSES OF POLIO VACCINE</p> <p>1 DOSE OF MMR GIVEN NO EARLIER THAN 4 DAYS BEFORE FIRST BIRTHDAY</p> <p>3 DOSES OF HIB VACCINE OR 1 DOSE OF HIB GIVEN AT OR AFTER 15 MONTHS</p> <p>3 DOSES OF PEDIATRIC HEPATITIS B VACCINE</p> <p>1 DOSE OF VARICELLA (CHICKENPOX) OR WRITTEN HISTORY (WITH YEAR) OF DISEASE FROM PARENT, GUARDIAN, OR HEALTH CARE PROVIDER</p> <p>4 DOSES PNEUMOCOCCAL VACCINE OR ONE DOSE GIVEN AT OR AFTER 15 MONTHS OF AGE</p>
STUDENTS ENTERING SCHOOL FOR THE FIRST TIME (KINDERGARTEN OR FIRST GRADE)	<p>3 DOSES OF DTaP, DTP, DT, OR Td VACCINE, ONE GIVEN NO EARLIER THAN 4 DAYS BEFORE THE 4TH BIRTHDAY. AND, FOR 7TH GRADE -1 DOSE OF TDAP (MUST CONTAIN PERTUSSIS BOOSTER) AFTER AGE 10 OR 11, DEPENDING ON BRAND OF VACCINE USED</p>
STUDENTS ENROLLING IN 7 TH GRADE	<p>3 DOSES OF POLIO VACCINE</p>
STUDENTS ENROLLING FROM OUT OF STATE REGARDLESS OF GRADE (INCLUDES ANY FOREIGN STUDENTS)	<p>2 DOSES OF MMR WITH THE FIRST GIVEN NO EARLIER THAN 4 DAYS BEFORE THE FIRST BIRTHDAY AND SEPARATED BY AT LEAST 28 DAYS</p> <p>3 DOSES OF PEDIATRIC HEPATITIS B VACCINE OR 2 DOSES OF ADULT VACCINE APPROVED FOR STUDENTS 11-15 YEARS OLD.</p> <p>BEGINNING FALL 2011, 2 DOSES OF VARICELLA (CHICKENPOX) VACCINE OR WRITTEN HISTORY OF CHICKENPOX DISEASE WITH YEAR OF OCCURRENCE FROM PARENT, GUARDIAN, OR HEALTH CARE PROVIDER IS ALSO ACCEPTED.</p>
ALL OTHER STUDENTS (GRADES 1-6 AND 8-12)	<p>3 DOSES OF DTaP, DTP, DT, OR Td VACCINE, ONE GIVEN NO EARLIER THAN 4 DAYS BEFORE 4 YEARS OF AGE</p> <p>3 DOSES OF POLIO VACCINE</p> <p>2 DOSES OF MMR VACCINE GIVEN NO EARLIER THAN 4 DAYS BEFORE THE FIRST BIRTHDAY WITH DOSES SEPARATED BY 28 DAYS</p> <p>3 DOSES OF PEDIATRIC HEPATITIS B VACCINE, OR 2 DOSES OF ADULT HEPATITIS B CAN BE GIVEN TO AGE 11-15 YEARS</p> <p>BEGINNING FALL 2011, 2 DOSES OF VARICELLA (CHICKENPOX) VACCINE, OR DOCUMENTATION OF DISEASE HISTORY IS REQUIRED</p>
LABORATORY EVIDENCE OF IMMUNITY TO MEASLES, MUMPS, OR RUBELLA	
LABORATORY EVIDENCE OF CIRCULATING ANTIBODIES FOR MEASLES, MUMPS, OR RUBELLA SHALL CONSTITUTE EVIDENCE OF IMMUNITY AGAINST THOSE DISEASES PROVIDED THE FOLLOWING INFORMATION IS SUPPLIED:	
NAME OF LABORATORY _____ DATE OF TEST _____	
NAME OF TEST _____ TEST RESULT _____	
SIGNATURE OF LABORATORY TECHNICIAN PERFORMING TEST, OR LABORATORY DIRECTOR _____	
DATE OF SIGNATURE _____	
CLINICAL HISTORY OF MEASLES, MUMPS, OR RUBELLA WITHOUT LABORATORY OR EPIDEMIOLOGIC CONFIRMATION DOES NOT CONSTITUTE EVIDENCE OF IMMUNITY.	