

[SCHOOL LETTERHEAD]

[DATE]

The Parents of [STUDENT NAME]

Regarding: School Immunization Law [Minnesota 121A.15]

Dear Parents:

In order for your student to begin school, your child must show proof of vaccination or date of disease as required by Minnesota state law.

If any of the following shots are marked "In Progress" or "None" you need to take your child to have these shots brought up to date. If the shots are marked "Comply" your child is up to date for this shot.

Students who are not able to be vaccinated due to special medical conditions or parents who conscientiously oppose immunization, may receive an exemption. Your cooperation and follow-up is requested. Please let the Health Office at your child's school know the dates of when immunizations are given. If you have questions, please direct them to the Health Office at your child's school.

Thank you,

DISTRICT NURSE
CELL/TEXT: 763-219-2469

			(P - Pertussis)	
			(* Student had disease)	
Dtap/Td/Tdap MMR	Polio	HBV	Varicella	Meningococcal
In Progress Comply	Comply	Comply	Comply	None

Dtap/Td/Tdap _____ MMR _____ Polio _____ HBV _____
(circle) MM/DD/YY MM/DD/YY MM/DD/YY MM/DD

Meningococcal _____
MM/DD/YY

Parent/Guardian Signature _____

Student ID# _____
School _____
Grade _____
Birthdate _____

Varicella _____ Had Varicella _____
(Chicken Pox) MM/DD/YY (Chicken Pox) MM/DD/YY

Health Care Provider Signature (Required for Varicella) _____

Sample Letter B

[School Letterhead]

[Date]

Student _____ ID: _____ Date of Birth _____

Dear Parent or Guardian,

Our records indicate your child is enrolled for the **[school year]** school year. I am sending this letter to inform you of the Meningococcal immunization information that is yet needed for your child.

Minnesota Statute Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. Students in grades 7 through 12 must have proof of receipt of vaccination consistent with medically acceptable standards against meningococcal disease, or have an exemption statement as specified in Minnesota Statutes, section 121A.15, subdivision 3, paragraph C. We are requesting you to provide this information.

District 2687 both public and private will be enforcing a No Shots = No School policy. Thus without proof of needed immunizations OR required signatures for exemptions, your child will not be allowed to start school in the fall. This policy is currently recommended by the Minnesota Department of Health.

Enclosed is a form that you may use for medical or conscientious objections. You may send a copy of the immunization print out from your clinic or ask your clinic to fax a copy to the school at **[school fax number]**. You may also mail the information to the above address (ATTN: HEALTH OFFICE) or bring it along to the open house. Thank you!

Please feel free to call me with any questions.

Respectfully,

Dist 2687 School Nurse
Cell/Text 763-219-2469
Email: jholland@hlww.k12.mn.us

[TO BE PLACED ON SCHOOL DISTRICT STATIONERY]

[date]

[Parent(s)]

[Address]

Re: Non-Enrollment for Lack of Immunization Proof

Dear Parent:

We are sending your child, [name of child], home today because we have not yet received proof that he or she has received appropriate immunizations or is excepted therefrom. Minnesota law does not allow us to enroll an elementary or secondary school student without proof that the student has received the required immunizations or is excepted therefrom.

As we advised earlier, State law and School District policy allow for a thirty-day grace period and a ten-day due process period during which your child may attend school. Those grace periods have now expired.

[Name of child] may re-enroll as soon as we have received appropriate proof of immunizations. If you have any questions about the proof or the immunizations required, please contact [name of school official] at [telephone number] as soon as possible.

We look forward to having [name of child] back in school soon.

Very truly yours,

[School District Official]

DISTRICT NOTES:

Previous notices sent on _____ by _____

Phone contacts on _____ by _____

_____ by _____

_____ by _____

[LETTERHEAD]

[DATE]

Student _____ ID: _____ Date of Birth _____

Dear parent,

Your child is enrolled for the 7th grade class for the [Year] school year. I am sending this letter to inform you of the immunization information that is yet needed for your child. [School Name] is required to obtain this information from you.

Minnesota Statute Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. District 2687 both public and private will be enforcing the No Shots = No School policy. Thus without proof of needed immunizations OR required notarized signatures for exemptions, your child will not be allowed to start school in the fall. This policy is currently recommended by the Minnesota Department of Health.

Our records indicate that the following immunization(s) are needed yet to enter the 7th grade:

_____ T-dap _____ Meningoccal

_____ Other _____

I have enclosed forms that you need to complete and return to the school prior to the first day of school. You may attach a copy of the immunization record from your clinic for your convenience. Please mail the information to the above address (ATTN: Health Office) or bring it along to the open house. Thank you for your cooperation.

Please feel free to call me with any questions.

Respectfully,

[School Nurse Name]
ISD. 2687 District School Nurse
Cell/Text: 763-219-2469

Student Immunization Form

Student Name _____

Birthdate _____ Student Number _____

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 _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

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)	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th 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						5 th dose not required if 4 th dose was given on or after the 4 th 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 7 th - 12 th grade						
Polio (IPV, OPV) • final dose on or after age 4 years						4 th dose not required if 3 rd dose was given on or after the 4 th birthday
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1 st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1 st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7 th - 12 th 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 and 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)

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 us 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