

2011-2012 IMMUNIZATION SUMMARY

Due November 15, 2011

Nine digit District ID Number School Name Address City County Zip

<http://educdirsrc.education.ne.gov/QuickDisplay.aspx?code=all&sort=agencyid> Hold Control and click link to find your number

Contact Person Name E-mail Address Telephone

IMMUNIZATION SUMMARY					
Check One: Public School _____ Private School _____ Are you reporting for ALL schools in the district on THIS form? YES _____ NO _____		<i>Entering Kindergarten or 1st Grade</i>	<i>Entering 7th Grade</i>	<i>Out-of-State Transfers Regardless of Grade</i>	
Number Enrolled					
DTaP/DTP/DT/Td	3 or More Doses with at least one dose given at or after 4 years of age		Do Not Fill This Section		
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
	***Provisional or Military Dependent				
IPV/OPV	3 Doses or More				
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
	***Provisional or Military Dependent				
Tdap	1 Dose of Tdap (Tetanus, Diphtheria & Pertussis)	Do Not Fill This Section			Do Not Fill This Section
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
	***Provisional or Military Dependent				
MMR	2 Doses with the first dose at or after 12 months of age				
	****SERO or EPI Confirmed				
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
HEPATITIS B	3 Doses of Pediatric or 2 Doses of Adolescent Vaccine if the Student is 11-15 Years of Age				
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
	***Provisional or Military Dependent				
VARICELLA	2 Doses with the first dose at or after 12 months of age				
	Has had disease or positive lab work				
	*Exempt for Medical Reason				
	**Exempt for Religious Reason				
	***Provisional or military dependent				

**Return Form To: NE Department of Health & Human Services, Immunization Program, PO Box 95026
Lincoln, NE 68509-5026 Phone: 402-471-6423; Fax: 402-471-6426, E-mail: louayne.hoback@nebraska.gov**

- * Student has submitted a statement signed by a physician (MD, DO), physician assistant, or nurse practitioner stating that, in the health care provider's opinion, the specified immunization(s) required would be injurious to the health and well-being of the student or any member of the student's family or household
- ** Student has submitted a notarized affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member, or that immunization conflicts with the personal and sincerely followed religious beliefs of the student.
- *** Student has begun immunizations against the specified diseases prior to enrollment **AND** continues the necessary immunizations as rapidly as is medically feasible or the student is the child or legal ward of an officer or enlisted person, or the child or legal ward of the spouse of such officer or enlisted person on active duty in any branch of the military (student must provide signed statement of receipt of immunizations).
- **** Student must present laboratory evidence of circulating antibodies or epidemiologic confirmation of measles, mumps, and rubella.

Website for State Rules and Regulations for Schools: <http://www.hhs.state.ne.us/immunization/forms.htm>