

IMMUNIZATION CERTIFICATION STATEMENT

At the time of first admission to any public school within this district, and before attendance, all students must present an immunization certification statement signed by a physician or a physician's representative stating the type, number, and dates of immunizations received. Alternatively, at the request of the parent or guardian, the district will access the voluntary statewide registry of immunization status (IRIS) maintained by the Idaho Department of Health and Welfare to verify whether the student has received the required immunizations.

REQUIRED IMMUNIZATIONS

All students born **on or before September 1, 1999**, attending school in this district are required to have the following immunizations following the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) and Idaho Department of Health and Welfare guidelines:

1. Measles, Mumps and Rubella. One (1) dose of Measles, Mumps and Rubella (MMR) or Measles, Mumps, Rubella and Varicella (MMRV) vaccine; and
2. Diphtheria and Tetanus. Any combination of four (4) doses of Diphtheria, Tetanus and acellular Pertussis (DTaP-Pediatric); Diphtheria, Tetanus and Pertussis (DT-P); Tetanus, Diphtheria and acellular Pertussis (Tdap-Adolescent); Diphtheria, Tetanus (DT-Pediatric); or Tetanus, Diphtheria (Td-Adolescent); and
3. Pertussis. Any combination of four (4) doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP-Pediatric); Diphtheria, Tetanus and Pertussis (DT-P); or Tetanus, Diphtheria and acellular Pertussis (Tdap-Adolescent); and
4. Polio. Three (3) doses of Polio vaccine; and
5. Hepatitis B. For children born after November 22, 1991, three (3) doses of Hepatitis B vaccine.

All students born **after September 1, 1999**, attending school in this district are required to have the following immunizations following ACIP and Idaho guidelines:

1. Measles, Mumps and Rubella. Two (2) doses of Measles, Mumps and Rubella (MMR) vaccine; and
2. Diphtheria and Tetanus. Any combination of five (5) doses of Diphtheria, Tetanus and acellular Pertussis (DTaP-Pediatric); Diphtheria, Tetanus and Pertussis (DT-P); Tetanus, Diphtheria and acellular Pertussis (Tdap-Adolescent); Diphtheria, Tetanus (DT-Pediatric); or Tetanus, Diphtheria (Td-Adolescent); and
3. Pertussis. Any combination of five (5) doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP-Pediatric); Diphtheria, Tetanus and Pertussis (DT-P); or Tetanus,

- Diphtheria and acellular Pertussis (Tdap-Adolescent); and
4. Polio. Three (3) doses of Polio vaccine; and
 5. Hepatitis B. For children born after November 22, 1991, three (3) doses of Hepatitis B vaccine.

SCHEDULE OF INTENDED IMMUNIZATIONS

A schedule of intended immunizations must be received from a parent/guardian of any student who is not immunized, excepted or exempted, and who is in the process of receiving, or has been scheduled to receive, the required immunizations. The statement must be provided to the school at the time of first admission and before attendance providing the following information:

1. Name and age of the student;
2. School attending and grade in which the student is enrolled;
3. Type, number, and dates of immunizations to be administered;
4. Signature of the legal parent/guardian providing the information; and
5. Signature of a physician or physician's representative.

If a student is admitted to school and fails to continue the schedule of intended immunizations, that student will be excluded from school until documentation is presented setting forth the administration of the required immunization(s).

EXEMPTION FROM IMMUNIZATION

1. Any child who submits a certificate signed by a physician licensed by the State Board of Medicine stating the physical condition of the child is such that all or any of the required immunization would endanger the life or health of the child is exempt from the immunization requirements
2. Any minor child whose parent or guardian submits a signed statement to school officials stating their objection on religious or other grounds is exempt from the immunization requirements.
3. A child who has laboratory proof of immunity to any of the childhood diseases listed above will not be required to be immunized for that disease.

4. A child who has had measles or mumps, diagnosed by a licensed physician upon personal examination will not be required to be immunized for the disease provided they submit a signed statement from the diagnosing physician.

EXCLUSION FROM SCHOOL

A student not in compliance with this policy upon first admission in preschool or in kindergarten through grade twelve (K-12) will be denied attendance by this district. Any student denied attendance will not be allowed to attend any schools within this district until he or she is in compliance with this policy.

This district will exclude from school students who are diagnosed or suspected of having a contagious or infectious disease and students who have been exposed to contagious or infectious diseases for which they have not been immunized. This district will also close school on order of the state board of health or the local health authorities.

REPORTING REQUIREMENTS

A copy of a report of each school's immunization status, by grade, will be submitted to the State Department of Education on or before November 1 of each school year. The following information shall be reported:

1. School and enrollment identification information including:
 - a. Inclusive dates of reporting period;
 - b. Name and address of school, school district and county in which located;
 - c. Grade being reported and total number of students enrolled in each grade; and
 - d. The signature and title of the person completing the report form.
2. Total number of students enrolled and attending school in each grade who:
 - a. Meet all of the required immunizations;
 - b. Do not meet the immunization requirement but are in the process of receiving the required immunizations; or
 - c. Have claimed an exemption to the required immunizations.



LEGAL REFERENCE:

Idaho Code Sections

33-512(7)

39-4801

39-4802

39-4803

IDAPA 16.02.15

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