

IMMUNIZATION REQUIREMENT

Dear Parent or Guardian:

Indiana law (Indiana Code 20-8.1-7-10.1) provides that no student shall be permitted to attend school for more than twenty (20) calendar days beyond the date of his/her enrollment without either:

- 1) A current written immunization record on file with the school, or
- 2) Providing a current written immunization record to the school, or
- 3) Providing a statement from a physician that the required immunizations have been delayed by extreme circumstances and that a time schedule for immunization has been established, or
- 4) A written statement of health, religious or other objection delivered to the principal.

Below is a copy of the record we now have for your child. You may compare it to the requirements. If further immunizations have been secured, please provide medical records from a physician or county health office.

Please return this information to school before _____ in order to prevent any interruption in your child's education.

Please check with your family physician if your child has not had all required immunizations for his/her age group. You may also contact the LaPorte County Health Department which has an immunization clinic in both LaPorte and Michigan City. An appointment is required. The number to call is (219) 874-5611, extension 2200 for LaPorte and extension 7780 for Michigan City to make an appointment.

Sincerely yours for a healthy student,

_____ School _____ School Nurse

_____ Name _____ Grade _____ Date

| Immunization | Required for all students | | | | | | | | | | | | TdaP Grades 6-12 | | | | | | | | |
|---|---------------------------|-----|------|--------|-----|------|--------|-----|------|--------|-----|------|------------------|-----|------|------------------|-----|------|----------------|-----|------|
| | 1 dose | | | 2 dose | | | 3 dose | | | 4 dose | | | 5 dose | | | 6 dose | | | | | |
| | month | day | year | month | day | year | month | day | year | month | day | year | month | day | year | month | day | year | month | day | year |
| DTP, DTaP DT and / or Td | | | | | | | | | | | | | | | | | | | | | |
| Polio (OPV or IPV) 4 doses if combination | | | | | | | | | | | | | | | | | | | | | |
| | 1 dose | | | 2 dose | | | | | | | | | | | | MCV4 Grades 6-11 | | | | | |
| | month | day | year | month | day | year | | | | | | | | | | month | day | year | 1 dose | | |
| Measles (Rubeola) on or after 1st birthday | | | | | | | | | | | | | | | | | | | MCV4 Grade 12* | | |
| Mumps on or after 1st birthday | | | | | | | | | | | | | | | | | | | 2nd dose | | |
| Rubella on or after 1st birthday | | | | | | | | | | | | | | | | | | | month day year | | |
| Varicella (Chicken Pox) | 1 dose | | | 2 dose | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Vaccine → | month | day | year | month | day | year | | | | | | | | | | | | | | | |
| <input type="checkbox"/> or Disease | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B (all grades) | 1 dose | | | 2 dose | | | 3 dose | | | | | | | | | | | | | | |
| | month | day | year | month | day | year | month | day | year | | | | | | | | | | | | |
| Hepatitis A Kindergarten | 1 dose | | | 2 dose | | | | | | | | | | | | | | | | | |
| | month | day | year | month | day | year | | | | | | | | | | | | | | | |

**NOTE: If the MCV4 dose in Grades 6-11 was given on or after student's 16th birthday, the 2nd dose in Grade 12 is not required.*

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and first grade students. A signed statement from the parent / guardian indicating history of disease, including month and year, is required for children in grades 2-12.

_____ Parent Signature