

**SCHOOL HEALTH INFORMATION FROM PARENTS**

Dear Parent:

The following information must be on your child's School Health Record. Please complete and return to the school.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

Give MONTH, DAY and YEAR of Each Immunization

DTP, DTaP, DT of Td (Diphtheria-Tetanus-Pertussis)						
Oral Polio/IPV						
Measles (Red, Hard 10-day or Rubeola)						
Rubella (German Measles or 3-day)						
Mumps						
Hepatitis B						
Hib						

A guideline to determine if a child is adequately immunized may be found on the reverse side.

NEBRASKA STATE LAW now requires all school children to be immunized against measles, rubella, mumps, polio, diphtheria, pertussis and tetanus. Hepatitis B is required for all students entering school for the first time, entering 7th grade, and all transfer students from outside the state of Nebraska. Parents must furnish evidence of immunization.

If your child does not receive these immunizations:

for medical reasons - A "Refusal of Immunization for Medical Reasons" statement must be signed by a physician.

for religious reasons - A "Refusal of Immunization for Religious Reasons" affidavit must be signed by a parent or guardian and notarized.

Please write in the dates on which your child has had any of the following:

Scarlet Fever \_\_\_\_\_ Measles (Red, Hard, 10-day or Rubeola) \_\_\_\_\_

Mumps \_\_\_\_\_ Rubella (German Measles or 3-day) \_\_\_\_\_ Chickenpox \_\_\_\_\_

Pneumonia \_\_\_\_\_ Other \_\_\_\_\_

Has he/she ever worn glasses? \_\_\_\_\_ When last fitted? \_\_\_\_\_

Does he/she have any health problems? (Such as frequent sore throats, problems with ears or hearing, musculoskeletal problems, physical limitations, asthma, diabetes, epilepsy, heart problems, or allergies)

(over)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTIFY THE SCHOOL OF ANY NEW HEALTH PROBLEMS!**

**Guidelines for Immunizations:**

**DTP:** A basic series of at least three doses with at least one done give at or after four year of age. DTP, DTaP, or DT is given from two months through six years of age. The first, second and third doses are given at four to eight week intervals. The fourth dose is given generally at 12 to 18 months of age. A booster is given three to four years later or at school entry.

**Td:** A basic series of at least three doses. Td is given over the age of seven years. The first and second doses are given four to eight weeks apart. The third does is given six to twelve months after the second dose. Boosters are given every ten years thereafter.

**Oral Polio or Injectable Polio Vaccine:** A basic series of at least three doses. Polio can be started at six weeks of age. The first, second and third doses are given six to eight weeks apart. A booster is given three to four years after the third dose or at school entry.

**Measles-Mumps-Ruebella:** Two injections or a combination immunization of these vaccines is considered adequate. Vaccinations are now available in combined form and generally given a 12-15 months of age. In Nebraska, a booster is required for students in Kindergarten and out of state transfers. Beginning July 1, 2001, all students grades K-12 will be required to have two doses of MMR.

**Hepatitis B:** A basic series of three doses. Hepatitis B immunization can be started shortly after birth of within the first two months of life. Required for students in the entering grade (K or 1<sup>st</sup> grade) and for all transfers from out of state. Beginning July 1, 2000, all 7<sup>th</sup> graders must have three doses of Hepatitis B Vaccine.