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Policy Title: Immunization Requirements	Effective Date: September 18, 2019

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. Immunizations shall be in accordance with the schedule set forth below, unless fewer doses are medically recommended and documented by a physician.

DEFINITIONS

Immunization Record. An electronic medical health record, an immunization registry document, or a written immunization certificate confirmed by a licensed health care professional or a physician's representative which states the month, day, and year of each immunization a person has received.

Laboratory Proof. A certificate from a licensed medical laboratory stating the type of test performed, the date of each test, and the results, accompanied by a physician's statement indicating the child is immune.

Licensed Health Care Professional. A practitioner, licensed in the State of Idaho by the Board overseeing the practitioner's license, or by a similar body in another state or jurisdiction within the United States. The practitioner's scope of practice for licensure must allow for the ordering of immunizations and writing of prescriptions, or the practitioner must be under the direction of a licensed physician. Licensed health care professionals who may provide for immunization requirements include: medical doctors, osteopaths, nurse practitioners, physicians' assistants, licensed registered nurses, and pharmacists. Other persons authorized by law to practice any of the healing arts shall not be considered licensed health care professionals for purposes of this policy.

Parent, Custodian or Guardian. The legal parent, custodian, or guardian of a child or those with limited power of attorney for the temporary care or custody of a minor child.

Physician's Representative. Any person appointed by, or vested with authority to act on behalf of a physician in matters concerning health.

School Authority. An authorized representative designated by the Board of Trustees of this school district.

REQUIRED IMMUNIZATIONS

Students are required to be immunized as follows:

Student Born on or Before September 1, 1999. A student born on or before September 1, 1999, must meet the following minimum immunization requirements prior to admission for these vaccines: one (1) dose of Measles, Mumps, and Rubella (MMR), four (4) doses of Diphtheria, Tetanus, Pertussis (DTaP), three (3) doses of Polio, and three (3) doses of Hepatitis B.

Student Born After September 1, 1999 Through September 1, 2005. A student born after September 1, 1999, through September 1, 2005, must meet the following minimum immunization requirements prior to admission for these vaccines: two (2) doses of Measles, Mumps, and Rubella (MMR), five (5) doses of Diphtheria, Tetanus, and Pertussis (DTaP), three (3) doses of Polio, and three (3) doses of Hepatitis B.

Student Born After September 1, 2005. A student born after September 1, 2005, must meet the following minimum immunization requirements prior to admission for the following vaccines: two (2) doses of Measles, Mumps, and Rubella (MMR), five (5) doses of Diphtheria, Tetanus, and Pertussis (DTaP), four (4) doses of Polio, three (3) doses of Hepatitis B, two (2) doses of Hepatitis A, and two (2) doses of Varicella.

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Seventh Grade Immunization Requirements. Effective with the 2011-2012 school year, and each year thereafter, in addition to the required immunizations listed above, a student must meet the following minimum immunization requirements prior to admission into the seventh (7th) grade for these vaccines: one (1) dose of Tetanus, Diphtheria, Pertussis Booster (Tdap), and one (1) dose of Meningococcal. This requirement will be extended to: 7th - 8th grade students in 2012, 7th - 9th grade students in 2013, 7th - 10th grade students in 2014, 7th - 11th grade students in 2015, and 7th - 12th grade students in 2016.

Twelfth Grade Immunization Requirements. Effective at the start of the 2020-2021 school year, and each year thereafter, in addition to the required immunizations listed above, students must meet the following minimum immunization requirements prior to admission into the twelfth (12th) grade:

- a. Students who received their first dose of Meningococcal (MenACWY) vaccine before the age of sixteen (16) must have two (2) doses of Meningococcal (MenACWY) vaccine.
- b. Students who received their first dose of Meningococcal (MenACWY) vaccine at sixteen (16) years of age and older, or those who have never received a dose, must have one (1) dose of Meningococcal (MenACWY) vaccine.

SCHEDULE OF INTENDED IMMUNIZATIONS

A statement 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 date of birth of the student;
2. School and grade in which the student is enrolled and attending;
3. Types, numbers, and dates of scheduled immunizations to be administered;
4. Signature of the parent, guardian or custodian providing the information; and
5. Signature of a licensed health care professional providing care to the student

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 to school authorities by the student’s parent, custodian or guardian setting forth the administration of the required immunization(s).

EXCEPTIONS TO IMMUNIZATION REQUIREMENT

When supporting documentation is in the possession of school authorities at the time of admission and before attendance, a student who meets one (1) or both of the following conditions will not be required to receive the required immunizations in order to attend school:

1. **Laboratory Proof.** When a student submits laboratory proof of immunity to any of the childhood diseases identified above, the student will not be required to receive the immunization for the diagnosed disease.
2. **Disease Diagnosis.** A student who has a statement signed by a licensed health care professional stating that the student has had varicella (chickenpox) disease diagnosed by a licensed health care professional upon personal examination will not be required to receive the immunization for the diagnosed disease.

EXEMPTION FROM IMMUNIZATION

A student who supplies documentation to the district at the time of admission and before attendance of one (1) or both of the following conditions is not required to receive the required immunizations:

1. **Life or Health Endangering Circumstances.** A signed statement of a licensed physician that the student’s life or health would be endangered if any or all of the required immunizations are administered.

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2. Religious or Other Objections. A signed statement of the parent, custodian, or legal guardian that must be either:
 - a. On a standard form of the Idaho Department of Health and Welfare or similar form provided by the school district; or
 - b. A signed statement that includes:
 - i. The name and date of birth of the student;
 - ii. A statement indicating that the student is exempt from immunization as provided by this policy and Idaho law for religious or other objections; and
 - iii. The signature of the parent, custodian, or legal guardian.

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, unless the student is excepted or exempted as provided herein. 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. The Idaho Department of Health and Welfare may exclude any student who has not been immunized in accordance with Idaho law and may also exclude any exempted student in the event of a disease outbreak.

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 (“SDE”) on or before November 1 of each school year. The following information shall be reported on a SDE form or electronically:

1. School and enrollment identification information including:
 - a. Inclusive dates of reporting period;
 - b. Name and address of school, district and county in which located;
 - c. Grade being reported and total number of students enrolled in each grade; and
 - d. The name 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 all of required immunizations, listed by specific immunization type;
 - c. Do not meet the immunization requirement but are in the process of receiving the required immunizations; or
 - d. 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

ADOPTED: 09/21/2011

AMENDED: 09/18/2019

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) _____
<small>Date</small> | <input type="checkbox"/> Hepatitis B _____
<small>Date</small> |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) _____
<small>Date</small> | <input type="checkbox"/> Hepatitis A _____
<small>Date</small> |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) _____
<small>Date</small> | <input type="checkbox"/> Meningococcal _____
<small>Date</small> |
| <input type="checkbox"/> Measles (MMR) _____
<small>Date</small> | <input type="checkbox"/> Varicella (Chickenpox) _____
<small>Date</small> |
| <input type="checkbox"/> Mumps (MMR) _____
<small>Date</small> | <input type="checkbox"/> Varicella Disease History: My child has had chickenpox but was not diagnosed by a licensed healthcare professional. _____
<small>Date</small> |
| <input type="checkbox"/> Rubella (German Measles) (MMR) _____
<small>Date</small> | <input type="checkbox"/> All required immunizations _____
<small>Date</small> |
| <input type="checkbox"/> Polio _____
<small>Date</small> | |

I decline to provide details regarding my child's exemption status. **NOTE:** Your child will be considered exempt from all required school immunizations.

MEDICAL EXEMPTION (This exemption requires the signature of a licensed physician.)

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- This medical exemption is permanent.
- This medical exemption is temporary. Duration of temporary exemption: _____ / _____ / _____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

_____	_____	_____	_____
Name of Physician (PRINT)	Signature of Physician	Medical License #	Date

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

_____	_____	_____
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date

_____	_____
Full Name of Exempted Child (PRINT)	Child's Date of Birth (Month, Day, Year)

RELIGIOUS/OTHER EXEMPTION

As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

_____	_____	_____
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date

_____	_____
Full Name of Exempted Child (PRINT)	Child's Date of Birth (Month, Day, Year)

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.

OPTIONAL STATEMENT:

As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date