



# YALE PUBLIC SCHOOLS - IMMUNIZATION REQUIREMENTS

**To Enter School:** State law prohibits a principal or representative from admitting new entrants to school without a record of having received **at least one dose of each:** Measles, Mumps, Rubella, Diphtheria, Meningococcal (age 11 or upon entry to 7th grade), Polio, Tetanus, Pertussis, Hepatitis B and Varicella (chickenpox vaccination or documentation of immunity). If the student has had the chickenpox disease, you will need to document on the shot record and provide a parent signature on this form below that would verify this.

If your student has one dose of each shot that is listed below, but is still incomplete with the rest of the doses, then the following paragraph applies:

According to Act 368 of the Public Acts of 1978, State of Michigan, I understand that my child is being allowed to attend school on a temporary basis for four months (4) from the date of this certificate because immunization records/immunizations are incomplete.

I understand that in order to remain in school after the four month temporary basis, my child must have received or be in the process of receiving the required vaccines.

**STUDENT NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## REQUIRED IMMUNIZATIONS FOR ENTRY IN ALL PUBLIC & NON-PUBLIC SCHOOLS

Age → Vaccine**↓	4 years through 6 years	7 years through 18 years including all 7 <sup>th</sup> grade student
Diphtheria, Tetanus, Pertussis	<b>4</b> doses DTP or DTaP, One dose must be on or after 4 years of age	<b>4</b> doses D and T <b>OR</b> 3 doses Td if #1 given on or after 7 years of age. <b>1</b> dose of Tdap for children 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Polio	<b>4</b> doses, if dose 3 administered on or after 4 years of age, only 3 doses are required.	<b>3</b> doses
Measles,* Mumps,* Rubella*	<b>2</b> doses on or after 12 months of age	
Hepatitis B *	<b>3</b> doses	
Meningococcal	None	<b>1</b> dose for all children 11 years of age or older upon entry into 7 <sup>th</sup> grade or higher
Varicella* (Chickenpox)	<b>2</b> doses of varicella vaccine at or after 12 months of age <b>OR</b> current lab immunity <b>OR</b> reliable history of disease	

\*If vaccination is not administered, current laboratory evidence of immunity is required.

\*\*Students susceptible to these diseases may be excluded from school.

## COMPLETE THE PORTION BELOW ONLY IF YOUR CHILD HAS HAD VARICELLA (CHICKENPOX) DISEASE

I certify that my child: \_\_\_\_\_  
STUDENT NAME BIRTHDATE GRADE

has had Chickenpox/varicella disease \_\_\_\_\_  
WHEN DID VARICELLA OCCUR? AGE OR DATE

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS/STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_