



Immunization Record

Student's name _____

The State of Maine and Hebron Academy requires all students to submit proof of immunization or immunity for the diseases below. The required immunizations must be completed **PRIOR** to the student's arrival on campus. If a child does not meet the Immunization/Immunity requirements a parent must provide a written assurance that the child will be immunized within 90 days of the start of school.

PLEASE RECORD THE DATE EACH DOSE WAS ADMINISTERED (MONTH/DAY/YEAR)

IMPORTANT: Yellow highlighted doses are REQUIRED and must be given prior to the student's arrival

| VACCINE | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 | Dose 6 |
|---|--------|--------|--|--------|--------|--------|
| DTP (4 doses) Diphtheria/Tetanus/Pertussis | | | | | | |
| Tdap (1 every 10 years) | | | | | | |
| Polio (4 doses) | | | | | | |
| MMR (2 doses) Measles/Mumps/Rubella | | | | | | |
| Varicella (1 dose) | | | Or date of Varicella disease (chicken pox) | | | |
| Hepatitis B (3 doses) | | | | | | |
| Meningococcal MCV4 (see below) | | | | | | |
| Hepatitis A | | | | | | |
| HPV | | | | | | |
| HIB Haemophilus Influenzae Type b | | | | | | |
| Pneumococcal (PCV) | | | | | | |
| Please list other vaccines received (BCG, Yellow Fever, Typhoid) | | | | | | |

REQUIREMENT: If vaccine records are not available immunity by titers is required

(DTP)Diphtheria, Tetanus, Pertussis: 4 or more doses: 1 dose must be after the child's fourth birthday

(Tdap)Tetanus, Diphtheria, acellular Pertussis: Persons aged 11 through 18 years who have not received Tdap vaccine are required to have a dose prior to the start of school.

(OPV/IPV)Polio: 3 doses of OPV/IPV with the last dose after the child's fourth birthday or 4 doses regardless of age at administration.

(MMR)Measles, Mumps, Rubella: First dose on or after 1 year of age, second dose at least 30 days after the first.

Varicella (Chicken Pox Vaccine): One dose unless first dose administered after 13 years of age, then two doses required; OR documented history of disease.

Hepatitis B: 3 doses

Meningococcal MCV4: one dose required. Any child entering 12th grade is required **two** doses unless the first dose is given at age 16.

I certify that the information above is complete and accurate and that the child is in accordance with the Maine State Immunization Law (20-A M.R.S §§ 6352-6359).

Physician's Signature _____

Date _____



CONSENT TO IMMUNIZE

In the event of non-compliant immunizations, I authorize Hebron Academy and Family Health Associates to administer the required vaccinations to my child at the parent/guardian's expense.

Parent/Guardian signature

Date

IMMUNIZATION EXEMPTION

By my signature below, I will present a physician written statement that immunizations are medically inadvisable to my child. *In accordance with the Maine State Immunization Law Hebron Academy will no longer accept exemptions from religious and philosophical reasons in **September 2021**.*

In the event of an outbreak your child will be excluded from school until the defined exclusions by the Maine State Law are met.

Parent/Guardian signature

Date