

**Mandatory Immunization Requirements  
for School Admittance in the State of Maine**

**STUDENT INFORMATION**

Last Name: _____	First Name: _____	Middle Initial _____	Date of Birth (mm/dd/yyyy): ____/____/____
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Maine law requires all school-aged children attending or participating in any public or private school in Maine must provide documentation of having received the following immunizations.

Requirement	Vaccine	Date	Serology/Titer Results
Diphtheria/Pertussis/Tetanus (DTP) 5 DTaP (4 if 4 <sup>th</sup> is given on or after the 4 <sup>th</sup> birthday)	DTap Vaccine Dose #1 DTap Vaccine Dose #2 DTap Vaccine Dose #3 DTap Vaccine Dose #4 DTap Vaccine Dose #5	mm/dd/yyyy ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____	
Polio (IPV/OPV) 4 Polio (3 if 3 <sup>rd</sup> is given on or after the 4 <sup>th</sup> birthday)*	Polio Vaccine Dose #1 Polio Vaccine Dose #2 Polio Vaccine Dose #3 Polio Vaccine Dose #4 Polio Vaccine Dose #5 (if given)*	____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____	
Measles 2 doses or positive serology	Measles Vaccine Dose #1 Measles Vaccine Dose #2 Serologic Immunity (IgG antibody titer)	____/____/____ ____/____/____ ____/____/____	<input type="checkbox"/> positive <input type="checkbox"/> negative
Mumps 2 doses or positive serology	Mumps Vaccine Dose #1 Mumps Vaccine Dose #2 Serologic Immunity (IgG antibody titer)	____/____/____ ____/____/____ ____/____/____	<input type="checkbox"/> positive <input type="checkbox"/> negative
Rubella 2 doses or positive serology	Rubella Vaccine Dose #1 Rubella Vaccine Dose #2 Serologic Immunity (IgG antibody titer)	____/____/____ ____/____/____ ____/____/____	<input type="checkbox"/> positive <input type="checkbox"/> negative
Meningococcal ACWY (MCV4) 7 <sup>th</sup> & 12 <sup>th</sup> grade entry – 1 dose	MCV4 Vaccine Dose #1 MCV4 Vaccine Dose #2	____/____/____ ____/____/____	
Tetanus/Diphtheria/Pertussis (Tdap) All students entering 7 <sup>th</sup> grade or higher – 1 dose	Tdap Booster	____/____/____	
Varicella 2 doses or positive serology	Varicella Vaccine Dose #1 Varicella Vaccine Dose #2 Serologic Immunity (IgG antibody titer)	____/____/____ ____/____/____ ____/____/____	<input type="checkbox"/> positive <input type="checkbox"/> negative
Other		____/____/____	

Medical Provider Name (Print): _____	Date: ____/____/____
Medical Provider Signature: _____	
Email of Medical Provider: _____	
Telephone # of Medical Provider: _____	

\*The Thornton Academy School Medical Director (based on the National Center for Disease Control and the American Academy of Pediatrics recommendations) strongly recommends families consult their primary care physician regarding the need for a 5th dose of Polio (IPV/OPV) if the 4th dose was administered prior to the child's 4th birthday.