Maine State Law requires evidence of immunization of specific diseases and that all immunizations are up-to-date. Each student MUST provide a Certificate of Immunization, a written statement from a physician, nurse, or health official who administered the immunizing agent. State of Maine secondary school health records signed by the school nurse or other health official and/or copies of laboratory evidence of immunity also will be accepted as proof of immunity. Per the State of Maine, religious and philosophical exemptions will not be accepted , and requires that all students provide a complete immunization record or a signed medical exemption to attend a public or private school in Maine. For more information regarding Public Law, Ch. 154, please visit the Maine Immunization Program website at *https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/*

Student Name:____Date of Birth:________________

(Last) **(First)** **(MI)** **(Month/Day/Year)**

Immunization Record

(Students must provide English transcript of immunization history)

REQUIRED:

Additional Documentation Attached (check if yes)

DPT/TD(Adult): Diphtheria/Tetanus. Three doses (0.5cc) of DPT or DT (pediatric) or TD (adult vaccine) age appropriately administered constitute a minimally acceptable number of doses.

3 doses + booster **Date:** #1____/____/______ **Date:** #2____/____/______ **Date:** #3____/____/______ **Date:** #4____/____/______ ❒

Tdap BOOSTER: Must be administered every 10 years following the completion of a basic DPT/TD series.
Date: ____/____/______ ❒

Polio: Three doses of oral polio vaccine (OPV) or injectable (IPV), administered after, not on or before the first birthday.
3 doses (1 after 1 birthday) **Date:** #1____/____/______ **Date:** #2____/____/______ **Date:** #3____/____/______ **Date:** #4____/____/______ ❒

MMR: Measles (Rubeola), Mumps, and Rubella (German measles). Two doses of measles vaccine administered, one after 12 months, and the second at 4-6 years and at least one month after the first dose.
2 doses **Date:** #1____/____/______ **Date:** #2____/____/______ ❒
OR
Titers: **Measles**____/____/______ **Mumps**____/____/______ **Rubella**____/____/______

Hepatitis B:
3 doses **Date:** #1____/____/______ **Date:** #2____/____/______ **Date:** #3____/____/______ ❒

Varicella (Chicken Pox): Proof of illness, positive titer, or 2 doses of vaccine.
History of Chicken Pox Disease/Positive Titer: (*Circle one*) **Date:**____/____/______
OR
Varicella Vaccine:
2 doses **Date:** #1____/____/______ **Date:** #2____/____/______ ❒

Meningococcal: All students entering 9th-11th grade must have one dose of MCV4 **#1:** Date:____/____/______ ❒
All Students entering 12th grade must have two doses of MCV4 **#2:** Date:____/____/______ ❒

If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required.

STRONGLY RECOMMENDED:

COVID-19 Vaccine: Date: #1____/____/______ **Date:** #2____/____/______ **Vaccine Manufacturer: (Pfizer, Moderna, etc.,)** ______________________ ❒
COVID-19 Booster: #3:____/____/______ #4 ____/____/______ ______________________ ❒

Influenza (Flu): Recommended Annually:
Please record most recent doses **Date:** #1____/____/______ **Date:** #2____/____/______ **Date:** #3____/____/______ ❒

HPV (Human Papillomavirus):
2 or 3 doses (3 if series started after 15yo) **Date:** #1____/____/______ **Date:** #2____/____/______ **Date:** #3____/____/______ ❒

Hep A (Hepatitis A):
2 doses **Date:** #1____/____/______ **Date:** #2____/____/______ ❒

Mantoux TB skin test for Tuberculosis: ***Required for all International Students who are from countries with endemic Tuberculosis***.
Mantoux testing greater than 10 mm requires results of QuantiFERON Gold or T-Spot blood test.
Countries with endemic Tuberculosis: China, Nigeria, Pakistan, So Africa, Bangladesh, Philippines, DR Congo, Ethiopia, Myanmar, UR Tanzania, Mozambique, Viet Nam, Russia Federation, Thailand, Kenya, Brazil, Uganda, Afghanistan, Cambodia, Zimbabwe.
https://www.cdc.org

Date:____/____/______ **Negative**___ **Positive** ___ **Induration?**_____**mm If induration** ❒

Must be taken within 3 months prior to arrival at school for any students who reside in the counties listed above.

If ≥ 10mm, please attach documentation of chest X-ray.

A history of BCG vaccination does not eliminate the requirement.

I have reviewed the clinical history and verify that this person has been immunized as noted above.

Signature of Health Care Provider:______________________________________Date:________________

Name (Printed):____Title: (MD, NP, PA, RN)

Address:____Phone:________________