

**Durham - Freeport - Pownal
Health Requirements for Registration**

(A signature is required on all registrations for Pre-K, Kindergarten and Transfer Students)

Name of Student _____ Entering Grade _____

Maine law states upon enrollment you must provide a copy of the student's current
IMMUNIZATION RECORD with documented vaccine dates.

<u>Number of Doses</u>		<u>IMMUNIZATIONS REQUIRED</u>	
Pre-K	K-12		
4	5	DPT	(4 If the 4th dose is given after the 4th birthday)
3	4	OPV	(3 if the 3rd dose is given after the 4th birthday)
1	2	MMR	(1st dose given on or after the 1st birthday)
1	2	Varicella	(vaccine date, disease date, or blood test)
	1	TDAP	(Prior to entering 7th grade)
	2	MCV4	(1st dose prior to 7th grade and 2nd prior to 12th grade)

A student who does not meet these requirements **MAY NOT ATTEND SCHOOL** until they provide a signed **MEDICAL EXEMPTION** from a medical doctor, nurse practitioner, physician assistant, or doctor of osteopathy, licensed in the State of Maine, stating that the immunization is *medically inadvisable*.

Additional Health Forms To Be Completed:

- **STUDENT HEALTH HISTORY / MEDICATION PERMISSION FORM** completed annually by parent/guardian for all students (or complete the demographic/health update in PowerSchool annually).
- **STUDENT PHYSICAL EXAM FORM** - completed & signed by MD, DO, NP, or PA. Students entering Pre-K, Kindergarten, 3rd, 6th, and 9th and every 2 years at FHS & all Transfer students.
- **ALLERGY / ASTHMA / DIABETES / SEIZURE plan** updated annually for those diagnosed with those conditions.

I understand that I am giving written assurance that my child will be immunized within 90 days of enrolling in school or their first day of school whichever is earlier or they will have a medical exemption in writing. This 90 day option is available only once to each student during their school career. In subsequent years, I understand that my child's immunizations or medical exemption will be current and provided to the school on the first day of the school year.

Signature of Parent / Guardian

Date