# FORMS FOR HEALTH RELATED ADMISSION REQUIREMENTS

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3. **Immunization—Affidavit of Refusal—For Reason of Religious Conflict (Alternative: HHS Form)**

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## NOTICE OF REQUIREMENTS FOR STUDENT ADMISSION— BIRTH CERTIFICATE, IMMUNIZATION, PHYSICAL EXAMINATION AND VISUAL EVALUATION

Nebraska law requires that the parents or legal guardian furnish the following documents as a condition of admission to school:

1. A certified copy of the student's birth certificate issued by the state in which the child was born, prior to admission of a child for the first time. Other reliable proof of the child's identity and age, accompanied by an affidavit explaining the inability to produce a copy of the birth certificate, may be used in lieu of a birth certificate. An affidavit is defined as a notarized statement by an individual who can verify the reason a copy of the birth certificate cannot be produced. (Failure to provide the birth certificate does not result in non-enrollment or disenrollment, but does result in a referral to local law enforcement for investigation).
2. Evidence of a physical examination by a physician, physician assistant, or nurse practitioner, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a physical examination.
3. Evidence of a visual evaluation (for the current school year and each school year thereafter) by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a visual evaluation. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.
4. Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, Hepatitis B, Varicella (chicken pox) and Haemophilus Influenza type b (Hib) and other diseases as required by applicable law, by immunization, prior to enrollment, unless the parent or legal guardian submits a written statement refusing immunization or meets other exceptions established by law (refer to Health and Human Services regulations, 173 NAC 3).
5. On and after July 1, 2010, every student entering the seventh grade shall have a booster immunization containing diphtheria and tetanus toxoids and an acellular pertussis vaccine which meets the standards approved by the United States Public Health Service for such biological products, as such standards existed on January 1, 2009.

Forms to submit objections are available from the school.

The following information is provided to assist a parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify: Information about free or reduced-cost visual evaluations may be obtained from the Nebraska Foundation for Children's Vision (NFCV), nechildrensvision.org, 1633 Normandy Court, Suite A, Lincoln, NE 68512—Fax 402-476-6547—Phone 402-474-7716. To identify a participating SEE TO LEARN doctor nearest you, call 1-800-960-3937. For assistance from VISION USA call 1-800-766-4466. In addition, Lions Clubs throughout Nebraska are committed to assisting disadvantaged families by sponsoring eye exams and eyewear. NOA member doctors will provide eye exams at no cost if no other resources are available.

**AFFIDAVIT OF REFUSAL OF IMMUNIZATION--**
**FOR REASON OF RELIGIOUS CONFLICT**
***(For School Admission)***

The undersigned, being first duly sworn, states upon oath as follows

This affidavit is submitted for the following child: _____.

I state that I am submitting this affidavit in the position of (*initial* as appropriate):

____ Self, as I am the child and I am of the age of majority
____ As a legally authorized representative of the child based on (insert description of legal authority; e.g., parent or legal guardian):
_____

I understand that state law requires that the child be protected by immunization against certain contagious diseases prior to enrollment in school. I hereby swear and affirm that such immunization requirements (*initial* as applicable):

____ Conflict with the tenets and practice of a recognized religious denomination of which the child is an adherent or member; or
____ Conflict with the personal and sincerely followed religious beliefs of the child.

I will not hold Crawford Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain immunization for the child.

**IN WITNESS WHEREOF**, this affidavit is signed and acknowledged this ____ day of _____, 20__.

_____
Affiant

**STATE OF NEBRASKA )**
**) ss.**
**COUNTY OF _____ )**

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by_____.

_____
Notary Public

*[Legal Reference: Neb. Rev. Stat. sections 79-217 and 79-221; HHS Regulation 173 NAC 3]*

**AFFIDAVIT**
**Refusal of Immunization of Student for Religious Reasons**

State of Nebraska
ss.
County of

**This Affidavit is being submitted on behalf of**

_____
(Name of Student) (Birthdate of Student)

**If the student is of the age of majority**:

I, , of lawful age and being first duly sworn,
(Name of Affiant/Student)
depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

**If the student is a minor**:

I, , as legally authorized representative of
(Name of Affiant)

, of lawful age and being first duly sworn,
(Name of Student)
depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

**SUBSCRIBED AND SWORN** to before me this day of

Notary Public

## REFUSAL OF IMMUNIZATION
## For Medical Reasons

**As the physician of:**

_____
Child's Last Name First Name Age

_____
Birth Date School Grade

**A. I have elected to not immunize this student against the following disease(s): (check box*)**

☐ Diphtheria

☐ Tetanus

☐ Pertussis

☐ Polio

☐ Measles (Rubella)

☐ Mumps

☐ Rubella (German Measles)

☐ Hepatitis B

☐ Varicella (chickenpox)

**In my opinion, this/these immunization(s) would be injurious to the health and well-being of**

☐ The student

☐ A member of the student's household or family

Comments _____
_____

_____
Signature of Physician Date

* Each disease for which a vaccine has not been administered must be checked. Parent / guardian

must submit dates of immunization for all other diseases.

Printed from the Nebraska Health and Human Services System Web site. www.hhs.state.ne.us

# Documentation of Varicella (Chickenpox) Disease

(To be filled out by the parent, guardian, or medical provider of the child/student)

This document is being submitted on behalf of:

_____

(Name of child/student) (Birth date of child/student)

I _____ verify that the above listed child/student
Parent/Guardian/Medical Provider

had the varicella disease in _____ (year).

_____
(Signature of parent/guardian/medical provider)

**PARENT OBJECTION TO**
**PHYSICAL EXAMINATION OR VISUAL EVALUATION**
***(For School Admission)***

I am the parent or guardian of the following children who are enrolling in the beginner grade or seventh grade in Crawford Public Schools, or who are transferring from out of state into any grade in Crawford Public Schools:

Child No. 1: _____
Child No. 2: _____

I understand that state law requires that the school be provided with: (1) evidence of a physical examination by a physician, physician's assistant, or nurse practitioner and (2) a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist. The physical examination and visual evaluation is required to be completed within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity. No such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing.

I hereby object in writing to the:

_____ physical examination
____ visual evaluation
(check one or both)

for the above named child(ren). I will not hold Crawford Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination of visual evaluation for the above named child(ren).

Dated this ____ day of _____, 20__.

_____
Parent or Guardian

*[Legal Reference: Neb. Rev. Stat. sections 79-214(3) and 79-220]*

Nebraska Department of Health and Human Services

# Department of Health and Human Services

## Waiver of Physical Examination/Visual Evaluation Requirement

School Name (if desired)

*Note to Parent/Guardian: please complete and return to the school health office if you wish to have your child waived from these requirements as allowed by Nebraska law. If you have questions, please contact the school nurse or the school office. Thank you.*

| As a Parent/Guardian of - Student Name | Student ID# |
|---|---|
| School Name | Grade |

I object to the following requirements for school entry as legislated in Nebraska Revised Statutes 79-214 and 79-220.

Check which apply:

☐ Physical examination by a licensed physician, physician assistant or advance nurse practitioner within six months prior to school entry. *(Applies to: Kindergarten or beginner grade, out of state transfers to any grade, and seventh grade).*

☐ Visual evaluation by a licensed physician, physician assistant, advanced nurse practitioner, or vision professional (optometrist or ophthalmologist) within six months prior to school entry. *(Applies to: Kindergarten or entry grade and out of state transfer to any grade).*

I understand that I may request information to assist me in receiving information about reduced-cost vision examination as required by NRS 79-220.

I understand provisions in the law allow me to waive the requirement for this examination by my signed statement.

SIGN HERE_____

Signature of Parent/Guardian Date

Comments: _____

_____

_____

_____

_____

_____

FH-40 (44040) 6/07
(New Form)

**AFFIDAVIT**
***(For Child to Enroll Early in Kindergarten)***

The undersigned, being first duly sworn, states upon oath as follows:

I am the parent or guardian of _____ (Child's name). The Child's date of birth is _____. The Child will reach the age of five years on or after August 1 and on or before October 15 of the current school year.

I elect to enroll the Child this school year and hereby affirm (check or initial appropriate provision for early enrollment):

____ the Child attended kindergarten in another jurisdiction in the current school year; or

____ the family anticipates relocation to another jurisdiction that would allow admission within the current year; or

____ the Child is capable of carrying the work of kindergarten which can be demonstrated through a recognized assessment procedure approved by the board.

**IN WITNESS WHEREOF**, this affidavit is signed and acknowledged this ____ day of _____, 20__.

_____
Parent or Guardian

**STATE OF NEBRASKA )**
**) ss.**
**COUNTY OF _____ )**

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by_____.

_____
Notary Public

**Request for Non-disclosure of**
**High School Student Personal Information**
**To Institutions of Higher Education or Military Recruiters**

I hereby request that the name, address, and telephone listing of _____ (name of student), a high school student at Crawford Public Schools, not be released without prior parental consent to:

____ institutions of higher education

____ military recruiters

(check one, both, or none)

Signed by: ___ Student ___ Parent (Check One)

_____ Signature/Date

_____ Print Name

_____ Address

_____ City/State/Zip Code

*Note to students/parents: This certificate can be signed by either student or a parent. The provision of this form does not reflect the position of Crawford Public Schools that the request for non-disclosure should or should not be made.*

‘‘SEC. 9528. ARMED FORCES RECRUITER ACCESS TO STUDENTS AND STUDENT RECRUITING INFORMATION.
‘‘(a) POLICY—
‘‘(1) ACCESS TO STUDENT RECRUITING INFORMATION—Notwithstanding section 444(a)(5)(B) of the General Education Provisions Act and except as provided in paragraph (2), each local educational agency receiving assistance under this Act shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students names, addresses, and telephone listings.
‘‘(2) CONSENT—A secondary school student or the parent of the student may request that the student’s name, address, and telephone listing described in paragraph (1) not be released without prior written parental consent, and the local educational agency or private school shall notify parents of the option to make a request and shall comply with any request.
‘‘(3) SAME ACCESS TO STUDENTS—Each local educational agency receiving assistance under this Act shall provide military recruiters the same access to secondary school students as is provided generally to post secondary educational institutions or to prospective employers of those students.
20 USC 7908.

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