



Unified School District 273
BELOIT ELEMENTARY SCHOOL

To the Parent or Guardian of: _____

School Immunization Requirements

Early Childhood Program Operated by a School Ages 4 years and Under		Notes
Vaccine	Requirement	<p>* Varicella (chickenpox) vaccine is not required if child has had chickenpox disease and disease is documented by a physician signature. <u>Without a physician signature, vaccine is required even if you believe your child has had chickenpox disease.</u></p> <p>** Total doses needed are dependent on vaccine type and the ages doses were administered.</p> <p>*** All students in grades K – 7, all new students and students currently completing the polio series must have 6 months between the last 2 doses of polio vaccine, and one dose must be after the 4th birthday.</p>
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses	
IPV (polio)	3 doses	
MMR (measels, mumps, rubella)	1 dose	
Varicella (chickenpox)	1 dose*	
Hepatitis A	2 doses	
Hepatitis B	3 doses	
Hib (haemophilus influenza type B)	4 doses**	
Pevnar (pneumococcal conjugate)	4 doses**	

- Additional ACIP Recommended Vaccines not required for Early Childhood Programs**
- **Rotavirus:** Three doses recommended for infants less than 8 months of age.
 - **Influenza (flu) vaccine:** Annual vaccination is recommended for all those 6 months of age and older.

Based upon the information in your child's records, he/she still need one or more immunizations to be fully protected against the diseases listed below. Your child must obtain these needed immunization(s). As soon as the immunizations have been completed please have this sheet signed by your doctor or health department and return it to the school. **The Mitchell County Health Department gives immunizations for Walk-ins Wednesday till 6:00 pm and will give only with appointment on the rest of the week.** If your child has already received this immunization, please notify the school nurse of the date.

Vaccine	Date Administered
DTaP/DT/Td/Tdap	_____
IPV (polio)	_____
MMR (measles, mumps, rubella)	_____
Varicella (chickenpox)	_____
Hepatitis A	_____
Hepatitis B	_____
Hib (haemophilus influenza type B)	_____
Pevnar (pneumococcal conjugate)	_____

This is to certify that the above name child has received the vaccines indicated.

Signature of the Physician or Health Department

Date

Parents who have questions about these immunization changes may contact
Jenny Isbell, RN - District School Nurse at 738-3581 or Mitchell County Health Department at 738-5175