COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official. See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Last	First Middle Mo. Day Yr.					
IMMUNIZATION	RE	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5	
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5	
Tdap booster (6 th grade entry)	1					
Poliomyelitis (IPV, OPV)	1	2	3	4		
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4		
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4		
Measles, Mumps, Rubella (MMR vaccine)	1	2				
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:			
*Rubella	1		Serological Confirmation of Rubella Immunity:			
*Mumps	1	2				
*Hepatitis B Vaccine (HBV) Merck adult formulation used	1	2	3			
*Varicella Vaccine	1	2	Date of Varicell Immunity:	a Disease OR Serolog	cical Confirmation of Varicella	
Hepatitis A Vaccine	1	2				
Meningococcal Vaccine	1		d			
Human Papillomavirus Vaccine	1	2	3			
Other	1	2	3	4	5	
Other	1	2	3	4	5	

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Student's Name:	Date of Birth:
Section II Conditional Enrollment and Exe	emptions
Complete the medical exemption or conditional enrollment section a	as appropriate to include signature and date.
MEDICAL EXEMPTION: As specified in the <i>Code of Virginia</i> § 22.1-271.2, C (ii), I certify that a detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (pleaning to the contraindicated because (pl	
DTP/DTaP/Tdap:[]; DT/Td:[]; OPV/IPV:[]; Hib:[]; Pneum:[]; Measles:[]; R This contraindication is permanent: [], or temporary [] and expected to preclude immunizatio Signature of Medical Provider or Health Department Official:	ons until: Date (Mo., Day, Yr.): .
RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving im-	
student's parent/guardian submits an affidavit to the school's admitting official stating that the admit tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF I any local health department, school division superintendent's office or local department of social ser	RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at
CONDITIONAL ENROLLMENT: As specified in the <i>Code of Virginia</i> § 22.1-271.2, B, I certify required by the State Board of Health for attending school and that this child has a plan for the comp immunization due on	
Signature of Medical Provider or Health Department Official:	Date (Mo., Day, Yr.):
Section III	
Requirements	

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. Code of Virginia § 32.1-46(a)). (requirements are subject to change.)

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