

Immunization Update

Denton ISD February 17, 2015

Immunizations

• A student must be fully immunized against certain diseases or must present a certificate or statement that, for medical reasons or reasons of conscience, including a religious belief, the student will not be immunized. For exemptions based on reasons of conscience, only official forms issued by the Texas Department of State Health Services (TDSHS), Immunization Branch, can be honored by the district. This form may be obtained by writing the TDSHS Immunization Branch (MC 1946), P.O. Box 149347, Austin, Texas 78714-9347; or online at

https://webds.dshs.state.tx.us/immco/default.aspx. The form must be notarized and submitted to the principal or school nurse within 90 days of notarization. If the parent is seeking an exemption for more than one student in the family, a separate form must be provided for each student.











Affidavit Request for Exemption from Immunizations for Reasons of Conscience

* Required fields

First name, last name, and birth date are required for each individual; the middle name is optional. If exemptions are requested for only one individual, the information must be entered on the first line. Valid birth dates are required; future birth dates are not allowed.

I wish to obtain an Exemption from Immunizations for Reasons of Conscience Affidavit Form. Please provide me with exemption affidavit forms for the individuals listed below (maximum 5 forms per individual).

*Name of Parent,	Legal Guardian, or Self		
*Address to which	h Affidavit Forms should be mailed	(This should be yo	our permanent mailing address.
Apartment/Unit/S	uite Number		
*City	*State	*Zipcode	
Phone			

Please type the information below EXACTLY as you would like it to appear on the affidavit.

Birth Date (mm/dd/yyyy) Number of Forms The immunizations required are: diphtheria, tetanus, and pertussis; measles, mumps, and rubella; polio; hepatitis A; hepatitis B; varicella (chicken pox); and meningococcal. The school nurse can provide information on ageappropriate doses or on an acceptable physicianvalidated history of illness required by the TDSHS. Proof of immunization may be established by personal records from a licensed physician or public health clinic with a signature or rubberstamp validation.





This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, Sections 97.61 to 97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. Click here for complete TAC language.



The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

	0	i public c	or private eleme	ntary or secondary	school in Texas.						
Vaccine Required	Minimur	n Number	of Doses Requir	red by Grade Level	Nottes						
(Attention to notes and footnotes)	$K-5^{th}$	6 th	7^{th}	8 th - 12 th	NOTES						
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) ¹	5 doses o	r 4 doses	3 dose primary series and 1 Tdap/Td booster within last 5 years	3 dose primary series and 1 Tdap/Td booster within last 10 years	For K - 6 th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4 th dose was received on or after the 4 th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4 th birthday. For 7 th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. For 8 th - 12 th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.						
Polio ¹			4 doses or 3 doses		For K – 12 th grade: 4 doses of polio; 1 dose must be received on or after the 4 th birthday. However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday.						
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses of MMR	1 dose	2 doses of mea e each of rubella ar		The 1 st dose of MMR must be received on or after the 1 st birthday. For K – 5 th grade: 2 doses of MMR are required. For 6 th - 12 th grade: 2 doses of a measles-containing vaccine, and 1 dose each of rubella and mumps vaccine is required.						
Hepatitis B ²			3 doses		For students aged 11 - 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax®) was received. Dosage and type of vaccine must be clearly documented. Two (2) 10 mcg/1.0 ml doses of Recombivax®. If Recombivax® is not the vaccine received, a 3-dose series is required.						
Varicella ^{1,2,3}	2 doses	1 dose	2	doses	The 1 st dose of varicella must be received on or after the 1 st birthday. For K - 5 th and 7 th - 12 th grade: 2 doses are required. For 6 th grade: 1 dose is required. For any student who receives the 1 st dose on or after 13 years of age, 2 doses are required.						
Meningococcal			1	dose	For 7 th – 12 th grade: 1 dose required.						
Hepatitis A ^{1,2}	2 doses				The 1st dose of hepatitis A must be received on or after the 1st birthday.						

1 Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

























 If a student should not be immunized for medical reasons, the student or parent must present a certificate signed by a U.S. licensed physician stating that, in the doctor's opinion, the immunization required poses a significant risk to the health and well-being of the student or a member of the student's family or household. This certificate must be renewed yearly unless the physician specifies a life-long condition.

Percentages of Exemptions from Immunization for Reasons of Conscience

Year	Exemptions	% of Students
• 2010-11	271	1.1
• 2011-12	325	1.3
• 2012-13	380	1.4
• 2013-14	458	1.7
• 2014-15	507	1.8

	mmary: E																	
Total	01	02	03	04	05	06	07	08	09	9 1	0	11	12	EE	KG	PK	Tot	al
Annie Webb-Blanton Elementary		3		1											1	4		
Cross Oaks Elementary		2													2	1	1	
EP Rayzor Elementary		2	1	1	1	1												
Evers Park Elementary		1	1		1											3		
Ginnings Elementary		1	1	2	2	1										5		
Hodge Elementary		1	1		1											2		
LA Nelson		2	1	2												4		
McNair Elementary		2	2													5		
Mildred Hawk Elementary		1	3	2	2	1									1	1		
Newton Rayzor Elementary		2	2	2	1										1	2	1	
Olive Stephens Elementary		2	4	1	1	1									1	2	2	
Paloma Creek Elementary		3	2	1	1	1										1	2	
Pecan Creek Elementary		2	1	1	1											3		
Providence Elementary		1	2	1	2											1		
Sam Houston Elementary		1	1	1	2	1										2		
Savannah Elementary		1	1	5	1	2										2		
Woodrow Wilson Elementary		3	2	2	6	1									3	5		
WS Ryan Elementary		1		1	1											1		
Robert E Lee Elementary			1		1											1		
Tomas Rivera Elementary			1			1										1		
A O Calhoun Middle School							3	5	1									
Carroll McMath Middle School							1	3										
Chester O Strickland Middle School							3	3	1									
Ronny Crownover Middle School							4	7	5									
Tom Harpool Middle School							3	5	2									
Navo Middle School								3	1									
Billy Ryan High School										6	1		2	1				
Denton High School										4	6		3	1				
John Guyer High School										4	3		1	5				
Fred Moore High School													1					
Ann Windle Early Childhood Center															4		1	
Gonzalez School for Young Children															1		1	
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Robert E Lee Elementary		2				2				1								
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Ann Windle Early Childhood Center					1										3			
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Hodge Elementary				1	1		1								1				
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Ginnings Elementary				2	2		4								2				:
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Bettye Myers Middle School									5		8								1
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Gonzalez School for Young Children								5									1		
Navo Middle School			6						6		7								:
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Total	4:	3	40	61	29	29	65	15	27	36	35	26	1	.5	53	24	9		50

 Each Student's Immunization Record is documented in eschool. This can be accessed by each School Nurse to check and updated as required.



Texas Administrative Code

Health Services

Title 25, Part 1, chapter 97, subchapter B http://texreg.sos.state.tx.us/public/readtac\$ext.viewtac.

Communicable Diseases

- Rule 97.66
- (a) The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A School nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.
- (b) A student who is homeless, as defined by §103 of the McKinney Act, 42 USC §11302, shall be admitted temporarily for 30 days if acceptable evidence of vaccination is not available. The school shall promptly refer the student to appropriate public health programs to obtain the required vaccinations.

DENTON INDEPENDENT SCHOOL DISTRICT- IMMUNIZATION NOTICE

STUDENT'S NAME ID			
BIRTHDATE	GRADE	TEAM (if applicable)	SCHOOL
According to Texas Sta	ate law your child is due	to receive the immunizations in	ndicated by an X in the "Addi
Doses" column below			
Doses" column below		·•	tation is received in the nurse
Doses" column below	before	·•	•
Doses" column below Your child will not be office.	before	·•	tation is received in the nurse

- If you have private health insurance, you will need to schedule an appointment with your medical doctor to receive the immunizations. Please take this form to the appointment
- As of 2/1/2012 the Denton County Health Department (DCHD) located at 535 Loop 288 in Denton will no longer be able to provide immunizations to any student who has private health insurance. Only those students with Medicaid, CHIP or no insurance coverage may receive immunizations at the Denton County Health Department. Telephone the DCHD at 940.349.2900 before your visit regarding times when immunizations are given. Please take this form to the appointment
- IF THIS IS A SUMMER NOTICE, PLEASE BRING THIS FORM TO REGISTRATION. YOUR CHILD WILL NOT BE ALLOWED TO REGISTER WITHOUT THE REQUIRED IMMUNIZATIONS.
- Please contact the school nurse if you have questions or need additional information
- Thank you for your cooperation and for helping us insure the health of your child and others at school!
- School Nurse_____ Date_____
- The information below reflects our current school records. If you believe the information is incorrect or in

Names of Required Immunizations	Total # of Doses Received in the Past	Date of the Last Known Dose	Additional Doses Needed marked by "X"	Official Signature or Stamp with DATE and DOSE given (doctor/clinic use only)
Tetanus, Diphtheria,				
Pertussis (Td, DTaP, DTP,				
Tdap)				
Oral or Injectable Polio				
(OPV, IPV)				
Mumps Rubella Measles				
(MMR)				
HiB				
Hepatitis A				
Hepatitis B				
Varicella or date of				
chickenpox disease				
Pneumococcal Vaccine				
MeningococcalVaccine				

TB test		does ider: If a sk	_ does not require in test <i>is</i> required		lowing documentation.
Date gi	ven	Date rea	d	Result	Read by