

THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

STUDENT INTERVENTION SERVICES
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**ACTION BY:
IMMEDIATELY**

TO: Principals

FROM: Judith Klinek 
Chief Academic Officer

**SUBJECT: IMMUNIZATION AND PHYSICAL EXAMINATION REQUIREMENTS FOR
THE 2011-12 SCHOOL YEAR**

Attached please find the following information that includes **updates** effective for the 2011-12 school year:

- Immunization Requirements for Pre-K through 12th Grade
- Parent/Guardian Notices for students entering Kindergarten and 7th Grade
- Physical Examination Requirements
- Sample State of Florida School Health Entry Exam Form (DH 3040) (Parent Portion)

Please disseminate this information to all persons handling student registration and health records. It is also suggested that the parent/guardian notices be distributed at Kindergarten Round-ups and Open Houses, as well as to be included in report card mailings, school newsletters, and PTA/PTO mailings. With sufficient notification, it is hoped that student records will be up-to-date for the start of the 2011-12 school year.

It is very important to check the immunization records of each incoming student and refer those who need immunizations to their health provider **before** admission to school. Most schools have nurses who can assess immunization records. They may complete the Florida Certification of Immunizations Form, (DH 680), on new students who have immunization records and who have all the required immunizations for their grade level. Students on temporary medical exemptions must be excluded from school after their exemptions expire.

Effective January 2011, the Florida Department of Health, Bureau of Immunizations, authorized the printing of the electronic Florida Certification of Immunization (DH 680) on white or other color paper. All schools are instructed by the Palm Beach County Health Department to accept the certified copies of DH680 printed on white or other color paper for entrance into school.

In the event a student is transferring to another school, pursuant to the Florida Department of Education guidelines, upon request of the receiving school or the parent/guardian, please forward all **original documents** to the school the student will be attending. This includes the State of Florida School Health Entry Exam Form (DH 3040) and the Florida Certification of Immunizations Form (DH 680). If so desired, you may make copies of original documents and keep them on file.

Currently, there are no vaccine shortages. However, due to the delivery system of Vaccine For Children (VFC), there may be vaccine unavailability by providers, including the Health Department. Therefore, temporary medical exemptions on Florida Certification of Immunizations (DH 680) that are based solely on lack of vaccine availability **will be acceptable** for this school year.

The *Immunization Guidelines* published by the Florida Department of Health are available online to all school sites by visiting the Department of Health's website at:

<http://www.immunizeflorida.org/schoolguide.pdf>

All schools are now able to utilize the attached copy of the parent part of the DH 3040 Form for the parent to complete during registration, if it had been submitted blank during registration. It must be filled out and attached to out-of-state physicals meeting the state standard.

All notification documents for parent/guardian use have been translated into Creole, Spanish, and Portuguese and are available upon request.

WFM/JK/AA/KW/CB/dh

Attachment A: 2011-12 Immunization Requirements

Attachment B: 2011-12 Physical Examination Requirements

Attachment C: 2011-12 Parent/Guardian Notice for Kindergarten

Attachment D: 2011-12 Parent/Guardian Notice for 7th Grade

Attachment E: 2011-12 Parent/Guardian Immunization Follow-Up Letter

PDF Attachment: Sample DH 3040 (6/02 version) Physical Examination Form (Parent Portion)

Approved: 
William F. Malone, Acting Superintendent

**Immunization Requirements for
Pre-Kindergarten through 12th Grade
2011-12 School Year**

Grades	PK*	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DT Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Tdap Booster									X	X	X			
Tdap/Td Booster												X	X	X
Polio Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR (2 doses)	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Varicella 1 dose	X					X	X	X	X	X	X	X		
Varicella 2 doses		X	X	X	X									
HIB series	X*													

*PK – Age 3 vaccine doses as indicated for age.

All new students seeking entrance into a public school in Palm Beach County are required by Florida Statute 1003.22 and School Board Policy to present, at the time of entry, valid documentation of the *Florida Certification of Immunization* (DH 680) indicating that they have received the required immunizations against the communicable diseases as identified by the Department of Health. A valid DH 680 **must** include:

- ◆ The student's complete name, date of birth, and the name of the student's parent/guardian.
- ◆ All vaccine dates with the month/day/year.
- ◆ Name of the physician or clinic; physician or clinic address; signature (or signature stamp) of the physician, nurse or the physician's authorized designee (or the County Health Department stamp, nurse's signature); and the date the form was signed and issued. Electronic signatures from FL SHOTS are valid.

The *Florida Certification of Immunization* (DH 680) includes sections for temporary and permanent medical exemptions. Temporary Medical Exemptions must have an expiration date. Permanent Medical Exemptions must specify which vaccine the student is exempted from and the valid clinical reason for exemption. Permanent Medical Exemptions must be signed by a physician (M.D. or D.O.).

Copies of *Florida Certification of Immunization* (DH 680) can be accepted. If a hardship exists for parents transferring students, according to statute, it is permissible to allow 30 school days for the transfer of records.

The *Certificate of Religious Exemption* (DH 681) is available only through the Palm Beach County Health Department. It is not available from private physicians. Only an original DH 681 will be accepted at school sites.

Note: Homeless students without immunization and physical exam documentation must be enrolled and receive a 30-day exemption. Follow-up with these students should be coordinated through the school guidance counselor.

General Recommendations on Immunization - Special Notice for Data Processors

Documentation of Immunization DH 680 (July, 2006; January 2007; August 2007; July 2008)

- ❖ Part A (Certificate of Immunization for K-12 – DOE Code 1)
- ❖ Part A (Certificate of Immunization for 7th Grade requirement - DOE Code 8)
- ❖ Part B (Documentation of Temporary Medical Exemption – DOE Code 2)
- ❖ Part C (Documentation of Permanent Medical Exemption – DOE Code 3)

Effective April 2002, the Florida Department of Health has mandated that vaccine doses administered less than or equal to four days before the minimum interval or age are to be counted as valid.

Hepatitis B vaccine can be given as a two-dose (age 11-15) or a three-dose series. The provider must indicate that the student received the two-dose series on the DH 680; otherwise, the student's records should reflect the three-dose series.

Effective March 2011, the Florida Department of Health has mandated the following:

- ① One dose of varicella vaccine is required 4th through 10th Grade.
- ① Two doses of varicella vaccine are required for kindergarten, 1st Grade, 2nd Grade, and 3rd Grade entrance.
 - If the physician/provider documents history of varicella disease on the DH 680, the varicella vaccine is not required.
- ① Tdap booster is required for 7th, 8th, and 9th Grade.
- ① If the fourth dose of polio vaccine is administered prior to the 4th birthday, a fifth dose of polio vaccine is required for entry into kindergarten.

Physical Examination Requirements

First Time Entry into a Florida School:

Students are required by Florida Statute 1003.22 and School Board policy to present, at the time of entry, valid documentation of a health examination performed within one year prior to the first date of entry.

The School Entry Health Exam Form (DH 3040) Includes:

- Part I completed and signed by the parent.
- Part II completed and signed/stamped by the physician.
 - A copy or facsimile of a completed and appropriately signed DH Form 3040 is acceptable. However, every effort should be made to have the original documents on file at the school.
- Physical examinations are required for Palm Beach County students entering Pre-K, Kindergarten and 7th Grade and must be presented on the DH Form 3040.
- Transfer students from within the state of Florida should present records that reflect physical examinations having been performed for at least Kindergarten and 7th Grade.
- Physical examinations are also required for first time entry of all transfer students from outside the state of Florida, or from another country, regardless of grade.
- Out-of-state physical exams for school entrance are permitted if they include all components included on the DH 3040 form and have the physician's signature and office stamp. If presenting an out-of-state physical exam, the parent/guardian must also complete and sign Part I of the State of Florida DH 3040 form. Copies of Part I of the physical exam form (DH 3040) have been made specifically for this purpose and should be available at all the schools.
- Out-of-state physicians are able to complete DH Form 3040 and may receive a copy of the form by contacting the School Health Program, Palm Beach County Health Department, at 561-671-4168.

Attention Parents/Guardians!

Students entering Kindergarten, 1st, 2nd or 3rd Grade in 2011-12

will be **required** to submit documentation of the following information:

Diphtheria, Tetanus, Pertussis series
(DTP, or DTaP, or DT pediatric),

◆ Polio series,

*Two doses of Measles, Mumps, Rubella,

**The Hepatitis B Vaccine series,

***Two doses of Varicella Vaccine (chicken pox) and,

▶ A School Physical Examination (Kindergarten only)

◆ If the fourth dose of polio vaccine is administered prior to the 4th birthday, a fifth dose of polio vaccine is required for entry into **Kindergarten**.

*Preferably as two doses of measles, mumps and rubella vaccine in the combined form (MMR).

**Hepatitis B three-dose series requires a minimum of four months to complete.

***Varicella vaccine is not required if child has documentation of history of varicella disease.

▶ The Physical Examination must be completed within the 12 months prior to the date of entry into the District.

Attention Parents/Guardians!

Students entering 7th Grade in 2011-12

will be **required** to submit documentation of the following information:

*The Hepatitis B, Polio, DTP/DT Vaccine series completed

**A second Measles, Mumps and Rubella Vaccine

(Only new students need to have two MMRs. If they are already enrolled in 1st -12th Grades and met the requirement when they first entered, they should be advised to receive a second MMR. They should not be excluded.)

A Tetanus/Diphtheria/Pertussis (Tdap) booster

***One dose of Varicella (chicken pox)

► A School Physical Examination

*Hepatitis B alternate two-dose series for adolescents 11 - 15 years of age; both two-dose and three-dose series requires a minimum of four months to complete.

**Preferably as two doses of measles, mumps and rubella vaccine in the combined form (MMR).

(The second dose of MMR vaccine was recommended beginning school year 2008-09; however, students already enrolled in 7th Grade with a valid DH 680 having two measles, one mumps, and one rubella immunizations should not be excluded. They should be advised to receive a second dose of MMR.)

***Varicella vaccine is not required if child has documentation of history of varicella disease.

► The Physical Examination must be completed within the 12 months prior to the date of entry into 7th Grade.

Date:

To the parent or guardian of: _____.

The school staff completed a record review of your child's health record on _____. At that time, it was determined that your child is in need of the following immunization(s) or documentation to meet the compulsory immunizations required for school attendance in the State of Florida. Please take this letter and the attached copy of your child's immunization records to your doctor for updating.

_____ **DtaP/DTP/DT** (5 doses needed if fourth dose given before 4th birthday)

_____ **Tdap booster** (required for 7th, 8th and 9th Grades)

_____ **Td/Tdap booster** (required for 10th - 12th Grades)

_____ **Hepatitis B** (vaccine series required for all grades)

For the three-dose series, the minimum acceptable interval between the first two doses is 24 days, between the second and third doses is 52 days, and between the first and third doses is 108 days. (Minimum days reflect four-day grace period). The earliest age at which the third dose can be given is 164 days of age (168 days minus the four-day grace period).

_____ **MMR** (MMR must be given on or after the 1st birthday)

_____ **Polio** (four doses needed if third dose given before the 4th birthday)
(five doses needed if fourth dose given before the 4th birthday for **Kindergarten**)

_____ **Varicella** (PreK through 10th Grade)

_____ **Missing** provider stamp and/or signature to validate immunizations

_____ **Original Florida Certification of Immunizations Form** (DH 680) preferred
(The 680 is the only form that schools are permitted to accept as proof of immunizations)

_____ **Other:**

Please provide appropriate documentation to your child's school as requested by _____. Thank you for your attention to your child's health.

Principal



**STATE OF FLORIDA
School Entry Health Exam**

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any **allergies** (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

<p>1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 6 columns: Vision - Without Glasses, Vision - With Glasses, Right 20/, Left 20/, Passed/Failed/Referred, Hearing - Right, Hearing - Left, Passed/Failed/Referred.

- Gross dental (teeth and gums)
Head/scalp/skin
Eyes/Ears/Nose/Throat
Chest/Lungs/Heart
Abdomen
Postural assessment

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision
Hearing
Speech/Language
Physical
Social/Behavioral
Cognitive

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- This child may participate fully in school activities including physical education.
This child may participate in school activities including physical education with the following restriction/adaptation. (Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp), Name (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.

¡Atención padres o tutores!

Los estudiantes que comienzan kindergarten, 1ro., 2do. o 3er. grado en el año escolar 2011-2012 **necesitarán** presentar documentación con la siguiente información:

La serie de vacunas contra la difteria, tétano, tosferina acelular (*DPT o DTaP o DT* pediátrica),

♦ Las series contra la poliomielitis,

*Dos dosis de la vacuna contra el sarampión, las paperas, la rubéola.

**La serie de vacunas contra la hepatitis B.

***Dos dosis de la vacuna contra la varicela.

► El examen físico que requiere la escuela (Solamente kindergarten)

♦ Si la cuarta dosis de la vacuna contra la poliomielitis se administró antes de que cumpliera los cuatro años de edad, será necesaria una quinta dosis para ingresar a **kindergarten**.

*Preferiblemente dos dosis combinadas de las vacunas contra el sarampión, las paperas y la rubéola (*MMR*).

**Se requiere un mínimo de 4 meses para completar la serie de las tres dosis contra la hepatitis B.

***No se requiere la vacuna contra la varicela si hay documentación de que el niño ya tuvo la enfermedad.

► El examen físico debe realizarse dentro de los doce meses previos a la fecha de ingreso al distrito.

¡Atención padres y tutores!

Los estudiantes que comienzan 7^{mo.} grado en el
año escolar 2011 - 2012

necesitarán presentar documentación con la siguiente información:

*Las series completas de las vacunas contra la hepatitis B;
poliomielitis; difteria, tétano y tosferina (*DPT*) y de
difteria y tétano (*DT*).

**Una segunda vacuna contra el sarampión, las paperas y la rubéola.

(Solamente los nuevos estudiantes necesitan tener 2 dosis de la
vacuna contra el sarampión, las paperas y la rubéola (*MMR*). Si ya
estaban matriculados en cualquiera de los grados de 1ro. a 12mo. y
cumplieron con el requisito cuando ingresaron por primera vez, se les
informará que necesitan la segunda dosis de *MMR*. No serán
excluidos).

Una reactivación de tétano, difteria, tosferina acelular (*Tdap*)

***Una dosis de varicela

► El examen físico que requiere la escuela

*Una serie de dos dosis alternas de hepatitis B para los adolescentes entre 11 y 15 años de
edad; tanto la serie de dos dosis como la de tres requieren un mínimo de 4 meses para
completarse.

**Preferiblemente como dos dosis combinadas contra el sarampión, paperas y rubéola (*MMR*).
(La segunda dosis de la vacuna contra *MMR* se recomendó al comienzo del año escolar 2008-
2009; sin embargo, los estudiantes que ya estaban matriculados en 7mo. grado con un
certificado de inmunización DH 680 válido quienes tienen dos dosis de la vacuna contra el
sarampión, una contra las paperas y otra contra la rubéola no deberán excluirse. Se les debe
informar que necesitan una segunda dosis de *MMR*).

***No se requiere la vacuna contra la varicela si hay documentación de que el niño ya tuvo la
enfermedad.

► El examen físico debe realizarse dentro de los 12 meses previos a la fecha de entrada al
7mo. grado.

Fecha:

Para los padres o tutores de: _____

El personal de la escuela completó la revisión de los archivos de salud de su hijo el _____. En esa ocasión, se determinó que su hijo necesitaba las siguiente(s) vacuna(s) o documentación con el objetivo de cumplir con la inmunización obligatoria que se requiere para la asistencia a una escuela en el estado de la Florida. Por favor, lleven esta carta y la copia adjunta del registro de vacunas de su hijo a su médico para que la actualice.

_____ **DtaP (difteria, tétano y tosferina acelular), (difteria, tétano y tos ferina (DTP), difteria y tétano (DT)** *(se necesitan 5 dosis si la 4ta. dosis se administró antes de que cumpliera los 4 años de edad).*

_____ **Reactivación de Tdap** *(requerido para 7mo., 8vo. y 9no. grado).*

_____ **Reactivación de Td y de Tdap** *(requeridas desde 10mo. hasta 12mo. grado).*

_____ **Hepatitis B** *(serie de vacunas requeridas para todos los grados). Para la serie de tres dosis, el intervalo mínimo aceptable entre las dos primeras dosis es de 24 días, entre la 2da. y la 3ra. dosis es de 52 días, y entre la 1ra. y la 3ra. dosis es de 108 días. (El intervalo mínimo refleja el período de los cuatro días de gracia). La edad en la que más temprano se puede administrar la 3ra. dosis es a los 164 días de nacido (168 días menos el período de gracia de cuatro días).*

_____ **MMR** *(la vacuna de MMR debe ser administrada al cumplir el primer año o después de éste).*

_____ **Polio** *(se necesitan 4 dosis si se administró la 3ra. antes de cumplir los 4 años de edad).
(Para ingresar a **kindergarten** se necesita una 5ta. dosis si se administró la 4ta. antes de cumplir los 4 años de edad).*

_____ **Varicela** *(desde preescolar hasta el 10mo. grado).*

_____ **Le falta** el sello o la firma del que administró las vacunas para que éstas sean válidas.

_____ Se debe presentar el **original** del certificado de inmunización de la Florida, formulario DH 680. *(Este formulario es el único que a las escuelas se les permite aceptar como prueba de la inmunización).*

_____ **Otro:** _____

Por favor, proporcionen la documentación apropiada a la escuela de su hijo según lo requerido por _____.

Gracias por la atención que le prestan a la salud de su hijo.

Director

Atansyon paran/ responsab!

Elèv k ap antre nan Jadendanfan,

1^{ye}, 2^{yèm} oswa 3^{yèm} ane pou 2010-2012 la

Oblije prezante dokimantasyon ki gen enfòmasyon sa yo:

Difteri, Tetanòs, seri vaksen Koklich
(DTP, oswa DTaP, oswa DT pedyatrik),

Seri Polyo,

*De dòz kont saranpyon, malmouton, lawoujòl

**Seri Vaksen Epatit B,

***De (2) dòz Vaksen Varisèl (Saranpyon) ak

****Yon egzamen medikal pou lekòl

*Li preferab si timoun nan pran 2 dòz vaksen kont saranpyon,
malmouton, ak lawoujòl konbine

(MMR).

**3 dòz Epatit B kapab pran pou pi piti 4 mwa pou l konplete

***Si yo dokimante timoun nan te deja gen maladi varisèl, vaksen kont
varisèl la pa rekòmande.

****Egzamen medikal la ta dwe fèt nan espas 12 mwa avan dat timoun
nan antre nan distri a.

Atansyon paran/responsab!

Elèv k ap antre klas 7^{yèm} pou ane 2011-2012 la

Oblije prezante dokimantasyon ki gen enfòmasyon sa yo:

***Seri vaksen Epatit B, Polyo, DTP/DT**

****Yon dezyèm dòz Saranpyon, Malmouton, ak lawoujòl**

(Se sèlman nouvo elèv yo k ap bezwen pran 2 MMR. Si yo te deja enskri nan klas 1-12 epi yo te satisfè kondisyon an lè yo te antre premye fwa a, y ap fè yo konnen lè pou yo pran 2^{yèm} MMR la. Yo pa ta dwe mete yo deyò.

Yon boustè kont Tetanòs/Difteri (TD owsa Tdap))

*****Yon dòz kont Varisèl**

******Yon egzamen medikal pou lekòl**

Adolesan ant laj 11-15 an kapab pran Epatit B a an 2 dòz separe; seri 2 dòz ak 3 dòz yo kapab pran omwen 4 mwa pou timoun nan fin pran yo.

****Li preferab si timoun nan pran 2 dòz vaksen kont saranpyon, malmouton, ak lawoujòl konbine (MMR).**

(Dezyèm dòz vaksen MMR la te rekòmande nan kòmansman ane lekòl 2008-2009. Men yo pa ta dwe mete deyò elèv ki te deja enskri nan 7^{yèm} ane ak yon DH 680 valid ki genyen de (2) saranpyon, yon (1) malmouton ak yon (1) lawoujòl. Yo ta dwe konseye yo pou yo pran yon dezyèm dòz MMR)

*****Si yo te deja dokimante timoun nan pou maladi varisèl la, vaksen kont varisèl la pa rekòmande.**

******Yo aksepte konsiltasyon ki te fèt pandan 12 mwa avan dat enskripsyon pou antre nan klas 7^{yèm} ane.**

Revize 14/3/2011

Dat:

Paran oswa responsab: _____

Estaf lekòl la te fè yon revizyon dosye sante pitit ou a nan dat _____. Lè sa a, yo te detèmine pitit ou a bezwen vaksen sa yo oswa dokimantasyon pou ranpli obligasyon vaksen ki rekòmande yo pou l kapab antre lekòl nan eta Florid la. Silvoulè pote lèt sa a ak kopi dosye kat vaksinasyon pitit ou bay doktè ou pou l mete li ajou

_____ Dòz **DtaP/DTP/DT** (l ap bezwen 5 dòz si li te pran 4^{yèm} dòz la avan li te gen 4 an).

_____ **Boustè Tdap** (obligatwa pou elèv klas 7^{yèm}, 8^{yèm} ak 9^{yèm})

_____ **Boustè/TD Tdap** (obligatwa pou elèv klas 10^{yèm}-12^{yèm})

_____ **Epatit B** (seri sa a obligatwa pou tout klas) Pou seri 3 dòz la, entèval minimòm ki akseptab ant 2 premye dòz yo se 24 jou, ant 2^{yèm} ak 3^{yèm} dòz la, se 52 jou; ant 1^{ye} ak 3^{yèm} dòz la se 108 jou. (Gen yon minimòm 4 jou peryòd gras). Laj pi bonè pou timoun nan pran 3^{yèm} dòz se 164 jou (168 jou mwens 4 jou peryòd gras).

_____ **MMR** (Yo dwe bali MMR nan jou oswa aprè premye anivèsè li).

_____ **Polyo** (timoun nan bezwen 4 dòz si li te pran 3^{yèm} dòz la avan 4^{yèm} anivèsè l). (timoun nan bezwen 5 dòz si li te pran 4^{yèm} dòz la avan 4^{yèm} anivèsè l pou jadendanfan)

_____ **Varisèl** (klas Matènèl jiska 10^{yèm} ane).

_____ **Manke** so ak/ oswa siyati moun ki bay vaksen yo pou valide yo.

_____ **Orijinal** Fòm DH 680 Sètifika Vaksinasyon Florid la preferab. (680 an se sèl fòm yo otorize lekòl yo aksepte kòm prèv vaksinasyon).

_____ **Lèt** _____

Silvoulè, bay lekòl pitit ou a dokimantasyon ki apwopriye jan yo mande l la nan dat _____ . Mèsi pou atansyon ou bay sante pitit ou a.

Direktè/tris

Atenção Pais/Responsáveis!

Alunos entrando para o Jardim, 1^a, 2^a ou 3^a
Série em 2011-2012

Será **exigida** documentação com as seguintes informações:

Conclusão da série de vacinas contra Difteria, Tétano e Coqueluche
(DTP, DTaP ou DT pediátrico),

◆ Série de vacinas poliomielite,

*Duas doses da vacina contra Sarampo, Cachumba e Rubéola,

**Série de vacina contra Hepatite B,

***Duas doses da vacina contra Varicela (catapora) e

▶ Um exame médico para a escola (Apenas no Jardim de Infância)

◆ Se a quarta dose de vacina poliomielite for administrada antes do aniversário de quatro anos, uma quinta dose da vacina poliomielite será necessária para entrar no **Jardim de Infância**.

*É preferível que as duas doses de vacina contra sarampo, cachumba e rubéola sejam administradas de forma combinada (MMR).

**A série de três doses da vacina contra hepatite B exige no mínimo 4 meses para conclusão.

***A vacina contra varicela não será exigida desde que seja apresentada documentação de que a criança já tenha contraído a doença.

▶ O exame médico deve ser efetuado dentro de 12 meses antes da data em que foi efetuada a matrícula no distrito.

Atenção Pais/Responsáveis!

Alunos ingressando na 7ª Série em 2011-12

será **exigida** documentação com as seguintes informações:

***Série completa de vacinas contra Hepatite B, Poliomielite,
DTP/DT**

****Uma segunda vacina contra Sarampo, Cachumba e
Rubéola**

(Apenas os novatos necessitam tomar 2 MMR's. Caso o aluno já tenha sido matriculado nas séries 1ª a 12ª e já tenha cumprido com as exigências na primeira vez que ingressou, ele deverá ser advertido a tomar uma 2ª dose de MMR. Estes alunos não devem ser excluídos).

**Um reforço da vacina contra Tétano/Difteria/Coqueluche
(Tdap)**

*****Uma dose da vacina contra Varicela (catapora)**

► Exame médico para a escola.

*Uma série de duas doses alternadas da vacina hepatite B para adolescentes de 11 a 15 anos de idade; ambas as séries de duas doses e de três doses levam no mínimo 4 meses para conclusão.

**De preferência as duas doses da vacina contra sarampo, cachumba e rubéola devem ser administradas de forma combinada (MMR).

(Recomenda-se uma segunda dose da vacina MMR no início do ano letivo de 2008-2009, porém, os alunos já matriculados na 7ª série que apresentaram um DH 680 e que já tenham tomado as duas vacinas contra sarampo, uma contra cachumba e uma contra rubéola não deverão ser excluídos. Eles devem ser advertidos a tomar a segunda dose de MMR.

***A vacina contra a varicela não é exigida se a criança apresentar documentação que comprove já ter contraído a doença.

► O exame médico deverá ser efetuado dentro de 12 meses antes da data de matrícula na 7ª série.

Revisado em 14/3/11

Data:

Aos pais ou responsável por: _____

Os funcionários da escola revisaram o arquivo médico de seu filho em _____ .Naquela ocasião foi constatado que o seu filho necessita de uma das seguintes vacina(s) ou documentação para atender às exigências de vacinação mandatória para frequência escolar no Estado da Flórida. Favor apresentar esta carta ao seu médico junto com a cópia das fichas de vacinação de seu filho em anexo para atualização.

_____ **DtaP/DTP/DT** (São necessárias 5 doses se a 4ª dose foi administrada antes do quarto aniversário)

_____ **Reforço Tdap** (Exigido para 7ª e 8ª série e 9ª série)

_____ **Reforço Td/Tdap** (Exigido da 10ª a 12ª série)

_____ **Hepatite B** (séries de vacinas exigidas para todas as séries). Para a administração da série de três doses, o intervalo mínimo entre a primeira série de duas doses são 24 dias, entre a 2ª e 3ª dose são 52 dias e entre a 1ª e 3ª dose são 108 dias.(O número mínimo de dias reflete quatro dias de período de graça). A idade mínima em que a 3ª dose pode ser administrada são 164 dias de idade) (168 dias menos os quatro dias de período de graça).

_____ **MMR** (MMR deve ser administrada no primeiro aniversário ou após)

_____ **Poliomielite** (São necessárias 4 doses se a 3ª dose for administrada antes do 4º aniversário) (5 doses são necessários se a 4ª dose for administrada antes do 4º aniversário para entrar no **Jardim de Infância**).

_____ **Varicela** (Pré-escola), Jardim, 1ª, 2ª, 3ª, 4ª, 5ª, 6ª, 7ª, 8ª e 9ª série)

_____ **Falta** o carimbo e/ou a assinatura do administrador para validar as vacinas.

_____ É preferível que seja apresentado o formulário **original** como comprovante de vacinação do Estado da Flórida DH 680. (O 680 é o único formulário aceito pelas escolas como comprovante de vacinação).

_____ **Outro:** _____

Favor apresentar a documentação apropriada à escola de seu filho como é exigido pelo(a) _____ . Grato pela sua atenção quanto a saúde de seu filho.

Diretor(a)