



Bellevue Public Schools

"Proudly serving the Bellevue/Offutt Community"

A

NRS 1039-7/12

Request for Immunization Information

Please complete with student's name, birthdate, grade, immunization dates and sign.
PHOTOCOPY OF SHOT RECORD IS PREFERRED

Student _____ M F Birthdate _____ Grade _____
 (Circle One)

Prior to enrollment in school, Nebraska law requires that a student present the dates of immunization against the diseases of (DTP) diphtheria, tetanus, pertussis, (OPV) polio, (MMR) measles, mumps and rubella, Hepatitis B, Hib and (Varicella) Chicken Pox (and Pneumococcal for preschool students). [Exemption to this requirement is allowed only: (a) for medical reasons, verified by a physician's signed statement; (b) for religious reasons, verified by a properly executed and notarized affidavit; or (c) provisional enrollment: either (1.) once immunizations are begun and are continuing as rapidly as is medically feasible or (2.) for a newly enrolled student whose parent or guardian is an active duty military service member following recent transfer from another state or a foreign country.]

DTP
(Diphtheria, tetanus, pertussis)
Dtap/Tetramune/Infanrix

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____
4. ____ / ____ / ____
5. ____ / ____ / ____
6. ____ / ____ / ____

Pneumococcal

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____
4. ____ / ____ / ____

OPV / IPV
(Polio)

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____
4. ____ / ____ / ____
5. ____ / ____ / ____

Hib
(Haemophilus Influenzae Type B)
Tetramune/Comvax

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____
4. ____ / ____ / ____

MMR
(Measles, mumps, rubella)

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____

Hep B
(Hepatitis B)
Engerix/Recombivax/Comvax

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____

Chicken Pox
(Varicella)

MONTH, DAY, YEAR

1. ____ / ____ / ____
2. ____ / ____ / ____

or
had Chicken Pox Disease

 Year

Transfer From: _____

Within State: _____
 City/School

Out-of- State: _____
 City/School

 Signature of Parent/Guardian Date

 Initials Signature Date

 Initials Signature Date

Summary of the School Immunization Rules and Regulations 2014-2015

Student Age Group	Required Vaccines
<p>Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider</p>	<p>4 doses of DTaP, DTP, or DT vaccine, 3 doses of Polio vaccine, 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age, *Hib not required after child reaches 5 yrs of age 3 doses of pediatric Hepatitis B vaccine, 1 dose of MMR or MMRV given on or after 12 months of age, 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age. *Pneumococcal not required after child reaches 5 yrs of age</p>
<p>Students from Kindergarten through 12th Grade, including all transfer students from outside the State of Nebraska and any foreign students</p>	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday, 3 doses of Polio vaccine, 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age. 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month, 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
<p>Additionally, for 7th Grade Only</p>	<p>1 dose of Tdap (must contain Pertussis booster)</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services, 2011. For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: <http://www.hhs.state.ne.us/reg/t173.htm> (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 1/2014