

IDAHO SCHOOL HEALTH FOLDER

State law requires that children meet immunization requirements at registration and before attendance (IDAPA 16.02.15). No child shall attend school without proof of immunization status. Please visit the Idaho Immunization Program's website at www.immunizeidahoschools.com to view school immunization requirements.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Gender: Male Female
Last First Middle Month/Day/Year

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____
Last First

IMMUNIZATION INFORMATION

VACCINE TYPE	Record the month/day/year each vaccine was given					STATUS OF REQUIREMENTS
	1 st Dose Date	2 nd Dose Date	3 rd Dose Date	4 th Dose Date	5 th Dose Date	
DTaP, DTP, or DT (Diphtheria, Tetanus, Pertussis)	/ /	/ /	/ /	/ /	/ /	1. ALL REQUIREMENTS MET: <i>(Include copy of immunization record or completed exemption form in health folder.)</i> Date: / / <input type="checkbox"/> Adequately Immunized OR Exemption claimed for: <input type="checkbox"/> Medical <input type="checkbox"/> Religious/Other 2. CONDITIONAL ADMISSION: <i>(Include Conditional Admission form in health folder.)</i> Date: / / 3. NOT-IN-COMPLIANCE: Date: / /
Polio	/ /	/ /	/ /	/ /		
MMR (Measles, Mumps, Rubella)	/ /	/ /				
Hepatitis B	/ /	/ /	/ /	/ /		
Varicella (Chickenpox)	/ /	/ /				
Hepatitis A	/ /	/ /				
Tdap or Td Booster (Diphtheria, Tetanus, Pertussis)	/ /	/ /	/ /			
Meningococcal	/ /	/ /				

I certify that I reviewed a valid record of this child's immunizations and transcribed it accurately:

Authorized Signature _____ Title _____ Date _____

INSTRUCTIONS FOR SCHOOL OR NURSING STAFF

Student Information: Fill in student's name, date of birth, gender, and the name and phone number of parent/guardian.

Immunization Information: Transcribe the month, day, and year of each immunization received by the student into the appropriate box (*this form is not to be sent home or given to parents to complete*). Retain a copy of the student's immunization record in the health folder.

Immunization Requirements: Visit www.immunizeidahoschools.com to view Idaho immunization requirements for the current school year. To ensure student compliance with school immunization requirements, confirm that minimum ages and minimum intervals between vaccinations were met. Vaccine doses given at less than the minimum age or interval do not adequately protect children from disease and must be repeated to be valid.

Status of Requirements:

1. **ALL REQUIREMENTS MET:** Requirements are met by either up-to-date immunizations **OR** by obtaining a medical or religious/other exemption. If all required immunizations have been received, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." Retain a copy of the immunization record in the health folder. If the student has an exemption, enter the date for ALL REQUIREMENTS MET and check box for the type of exemption. Retain the completed exemption form in the health folder.
2. **CONDITIONAL ADMISSION:** If all requirements have not been met, but the child is on schedule to receive additional required vaccinations, enter the "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. Retain a copy of the completed Conditional Admission form in the health folder and follow up with the parent/guardian until all requirements have been met. If immunizations are not received according to the deadline(s) set in the Conditional Admission form, the child is then Not-in-Compliance and must be excluded from school.
3. **NOT-IN-COMPLIANCE:** If all requirements have not been met, the child is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all requirements, cross through the "Not-in-Compliance" date and refer to the process for ALL REQUIREMENTS MET or CONDITIONAL ADMISSION.

ABBREVIATED CATCH-UP IMMUNIZATION SCHEDULE

(for full version, visit www.immunizeidaho.com)

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP	6 weeks	4 weeks	4 weeks	6 months	6 months ¹
Polio	6 weeks	4 weeks	4 weeks	6 months ²	
MMR	12 months	4 weeks			
Hepatitis B	Birth	4 weeks	8 weeks ³		
Varicella	12 months	3 months if person is younger than age 13 yrs 4 weeks if person is age 13 yrs or older			
Hepatitis A	12 months	6 months			
Tdap Booster	7 years	4 weeks	4 weeks if first dose is administered at younger than age 12 months 6 months if first dose is administered at age 12 months or older	6 months if first dose is administered at younger than age 12 months	
Meningococcal	2 years	8 weeks			

1. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
2. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older **and** at least 6 months following previous dose.
3. Hep B: Minimum age for the 3rd dose is 24 weeks **and** at least 16 weeks after first dose.