

**LINCOLN PARKS & RECREATION
School's Out Programs**



Immunization Records

Dear School's Out Program Family:

Nebraska Department of Health and Human Services (DHHS) regulations include a new immunization record requirement effective May 20, 2013. In order to be in compliance, a copy of your child's most current immunization record must be on file at your program site and available for review by DHHS.

Please submit ONE of the following documents to verify immunization status:

- Documentation of age-appropriate immunization;
- Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or
- A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.

You may use the attached form - *or any other suitable document detailed above* - to provide your child's immunization record.

Thank you for your understanding and cooperation. If you have any questions about this request, please contact your program site.

<u>Site</u>	<u>Director</u>	<u>Phone</u>
Arnold	Jamie Kelly	(402) 441-7876
Belmont	Doug Kasperek	(402) 441-6789
Calvert	Nicole Weber	(402) 441-8480
Everett	Playground Office	(402) 441-7952
"F" Street	Jean Gerlach	(402) 441-7951
McPhee	Playground Office	(402) 441-7952

If your child attends the School's Out Program attached to your child's school, you do not need to provide this documentation as it is available to our program through the school. If your child is attending at a location other than their school, this information MUST be provided to the program location.

Child(s) Name: _____

Birthdate(s): _____

Enrollment Date: _____

REQUIRED IMMUNIZATIONS

Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo	Day	Yr	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 - 18 mo.				
		4	4 - 6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 - 18 mo.				
		5	4 - 6 yrs.				
Tdap		1	11 - 18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
M-M-R		1	12 - 15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12 - 18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

I do not wish to have (child's name) _____ immunized. The reason for the decision is:

Signature of Parent/Guardian: _____ Date: _____