

CITY OF NEWTON, MASSACHUSETTS

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> Barney Heath, Director

ESP Immunization Record - Students & Staff Under the Age of 18

In accordance with state regulation, ESP will maintain an immunization record for each student, as well as for all staff members, who are under the age of 18.

Required Immunizations

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All students and full time staff members under the age of 18 must supply the following written documentation of immunization or alternate proof of immunity:

- 1. Measles, Mumps, and Rubella (MMR) Vaccine. At least one dose of MMR vaccine(s) at or after 12 months of age or there must be proof of laboratory evidence of immunity;
- 2. Polio Vaccine: At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IVP and OPV), a total of four doses is required;
- 3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine: At least four doses of DTaP/DTP/DT/Td are required. (The Pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult-type toxoid (Td) is required if more than ten years have elapsed since the last dose;
- 4. Hepatitis B: For anyone born on or after January 1, 1992 three doses of Hepatitis B vaccine are required.

Student/Staff Name:
Home Address:
Home Tel. Number:
Name(s) of Student's/Staff's Parent(s) or Guardians:
Address of Student's/Staff's Parent(s) or Guardians:
Tel. No. of Student's/Staff's Parent(s) or Guardians:
Student's/Staff's Date of Birth:
Itemized List of Immunizations in Accordance with Requirements:

Written documentation of the immunizations itemized above should be permanently attached to this form, and maintained as part of the Health Record for ESP.

THIS DOCUMENTATION IS SUPPLEMENTED BY THE ESP IMMUNIZATION REPORT FORMS, AND STUDENT INJURY REPORTS (IF APPLICABLEZ), AND ESP CONSIDERS THE HEALTH RECORDKEEPING FOR EACH STUDENT AND STAFF MEMBER COMPLETE ONLY WHEN ALL OF THESE INFORMATIONAL REQUIREMENTS, IN ACCORDANCE WITH STATE REGULATION, ARE SATISFACTORILY COMPLETED.

Physical Examinations or Immunizations Excepted

If a student or staff member has religious objections to physical examinations or immunizations, the staff member, or the student and/or student's parents shall submit a written statement signed by a parent or legal guardian (only in the case of students), to the effect that the individual is in good health and stating the reason for such objections.

A student or staff member may supply a certification by a physician that he or she has examined the individual and that in the physician's opinion the physical condition of the individual is such that his or her health would be endangered by such immunization.

This program must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the City of Newton Health Department.

STUDENT'S NAME:					
	last	first		middle	
HOME ADDRESS:					
	street	city	state	zip code	
DATE OF BIRTH:	_/				
EMERGENCY TELEPHON	NE NUMBER:				day
					ever
HEALTH INSURANCE:					
	company	po	olicy#		
FAMILY DOCTOR:					
	name	te	lephone #		
PERTINENT PAST MEDIO epilepsy, convulsions, etc.					neart
epilepsy, convulsions, etc.					neart -

8. DATE OF MOST RECENT TETANUS BOOSTER://
9. Is your child taking any medication? yesno If yes
NAME OF MEDICATIONREASON
DOSAGE TIME/S AND HOW TO BE TAKEN
10. Does your child have a history of allergies? yesno If yes, please explain
11. Is your child allergic to bees? yesno If yes, to what extent?
12. Has your child had any recurring knee, foot, or ankle problems, or any injury to his/her muscles, joints or bones during the past year? yesno If yes, please explain
13. Please notify us if your child has any other problems we should be aware of, such as phobias, car sickness, bedwetting, bronchitis, sleepwalking, nightmares, etc.

1. I {grant/ do not grant} permission for my son/daughter to go swimming during the progrant I understand that he/she will be supervised. He/she is a:
a non swimmer a beginning swimmer an intermediate swimmer a strong swimmer
2. I {grant/ do not grant} permission for my son/daughter to participate in supervised program bicycle trips. I understand that he/she will be required to wear a helmet and follow program bike safety rules.
He/she is: a beginning-level bicycler an intermediate bicycler a strong bicycler
3. I {grant/ do not grant} permission for my son/daughter to go in a boat, or canoe, under supervision, to collect data samples.