DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
IMMUNIZATION REQUIREMENTS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

PRINCIPAL PURPOSE: The information may be used within the Department of Defense (DoD) to determine what immunizations have been administered for purposes of determining enrollment eligibility and for use in preserving school health.

ROUTINES USE(S): The Department of Defense Education Activity (DoDEA) may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a(b). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside the DoD as a routine use pursuant to "Blanket Routine Uses," as published at http://www.defenselink.mil/privacy/notice/osd, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

Students who enroll in DoDEA schools MUST meet specific immunization requirements. These requirements, displayed below, represent the minimum requirement and do not necessarily reflect the optimal immunization status for a student. This copy of the DoDEA Immunization Requirements is provided to parents for informational purposes. However, some type of medical proof of immunization must be completed by medical authority and provided to school officials at the time of initial registration. This form may be used by medical officials if so desired. If this form is used by medical officials, page 4 must be completed.

STUDENT: _____ **Date of Birth (MM/DD/YY):** _____

IMMUNIZATION	Dose Number	Name of Vaccine	Date Immunized	MINIMUM DoD REQUIREMENTS *
Diphtheria, Tetanus, Pertussis e.g., DTP, DtaP, DTwP, DT, DtaP-Hib, DtaP-HepB-IPV, Tdap,Td	#1			**Four (4) doses.** At least one dose must be administered **after** the 4th birthday. ***ACIP Recommendation:** • The usual schedule is a primary series of 4 doses at 2m, 4m, 6m, and 15-18m of age. • If the fourth dose of DT, DTP or DTaP is administered before the fourth birthday, a booster (fifth) dose is recommended at 4–6 years of age (5[a]). **Td or Tdap booster doses:** A single Tdap booster dose is recommended for children 11-12 years old, if 5 years elapsed since the last dose; then boost every 10 years with Td (5[b]).
	#2			
	#3			
	#4			
	#5[a]			
	#5[b]			
Hepatitis A e.g., HepA	#1			**Two (2) doses.** **ACIP Recommendation:** • HepA is recommended for all children at 1 year of age. • The two doses in the series should be administered at least 6 months apart.
	#2			

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Hepatitis B e.g., HepB, Hib-HepB, DTaP-HepB-IPV	#1			**Three (3) doses.** **ACIP Recommendation:** • The standard schedule is 0, 1 and 6 months. • The first dose is recommended shortly after birth, with the second dose administered at age 1 to 2 months. The third dose should be administered at age ≥ 24 weeks. • Merck's Recombivax-HB brand of HepB vaccine can be given as a 2-dose series for adolescents 11 to 15 years of age. **Catch-up schedule:** • 3-dose series may be started at any age. • Minimum spacing for children and teens: 4 weeks between dose 1 and dose 2, and 8 weeks between dose 2 and dose 3.
	#2			
	#3			
Haemophilus influenzae type b e.g., Hib, Hib-HepB, DtaP-Hib	#1			**Two (2) to four (4) doses.** **ACIP Recommendation:** • Primary immunization occurs at 2m, 4m, 6m, and 12m to 15m (booster dose). • For Merck's PedvaxHIB brand of Hib vaccine, 3 doses are needed (2, 4, and 12-15m). **Catch-up schedule:** • If dose 1 is given at 12-14m, give a booster dose 8 weeks later. • Unvaccinated children from the ages of 15m up to 5 years need only 1 dose. Hib is not routinely given to children **5 years old and older.**
	#2			
	#3			
	#4			
Polio e.g., IPV, DTap-HepB-IPV **Note:** Oral Polio Vaccine (OPV) counts for immunization requirements, but is no longer distributed in the U.S.	#1			**Three (3) doses.** At least one dose must be administered **after** the **4th** birthday. **ACIP Recommendation:** • Usual schedule is a primary series of 4 doses at 2m, 4m, 6-18m, and 4-6 years of age. • All doses should be separated by at least 4 weeks. • If dose 3 is given after the 4th birthday, dose 4 is not needed.
	#2			
	#3			
	#4			
Meningococcal				**ACIP Recommendation:** • Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11–12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. • All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal **polysaccharide vaccine (MPSV4)** is an acceptable alternative. • Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥ 2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see *MMWR* 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.

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Measles, Mumps, Rubella e.g., MMR, MMRV	#1			**Two (2) doses.** **ACIP Recommendation:** • Dose 1 is given at 12-15m of age. • Dose 2 is recommended routinely at age 4-6 years, but may be administered at any visit if 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. • Those who have not previously received the second dose should complete the schedule by age 11-12 years.
	#2			
PPD **TB tine/monovac**	**Date of last test:**	**No Vaccination Required**	**Result:** ☐ Positive ☐ Negative **_____ mm induration**	**Tuberculosis (TB) testing recommended.** Frequency determined by local medical command. If **positive**, date of chest X-ray: _____/_____/_____ Chest X-ray Results: _____ Date isoniazid (INH) treatment started: _____/_____/_____ Date INH treatment completed: _____/_____/_____
Varicella e.g. Var, MMRV	#1			**ACIP Recommendation:** • Immunize all children age 1 year and older, including adolescents who have not had chickenpox. • Susceptible children age 1 year and older receive 1 dose. • **Susceptible people age 13 and older** should receive **two (2) doses** at least 4 to 8 weeks apart. ► **Immunization is NOT required in people with a history of natural disease (chickenpox).**
	#2			
	History of naturally acquired chickenpox		**Date:**	

Notes

* Advisory Committee on Immunization Practices (ACIP).
[a] The fifth dose is not required if the fourth dose was given on or after the fourth birthday.
[b] Second dose required only in susceptible people 13 years old or older.
* The standard and catch-up pediatric and adolescent immunization schedules adopted by the CDC are posted at www.dcd.gov/nip/recs/child-schedule-color-print.pdf and www.cdc.gov/nip/recs/adult-schedule.pdf .

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CERTIFICATE OF IMMUNIZATION

STUDENT: _____ **Date of Birth (MM/DD/YY):** _____

Immunization records for the student named above have been reviewed at _____
Location of Clinic

I certify that the minimum immunization requirements have been completed and/or initiated.

Immunizations are current until _____**when immunization(s) is/are due.**

_____ _____
Signature and Stamp of Medical Authority **Date**

A request for an immunization waiver for **medical** reasons must be supported by official documents from a medical authority and provided to the school at the time of registration.
I certify that the minimum immunization requirements have been waived.

Immunization(s): _____ **Reason:** _____

Waiver Duration: _____ _____
Signature and Stamp of Medical Authority **Date**