

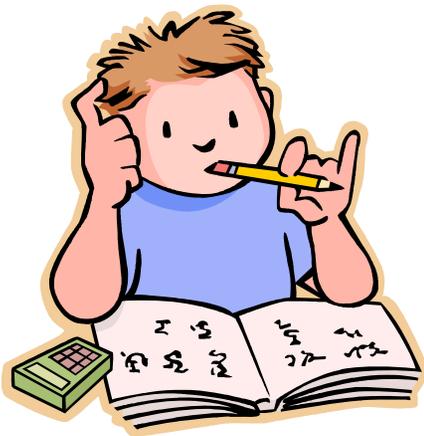
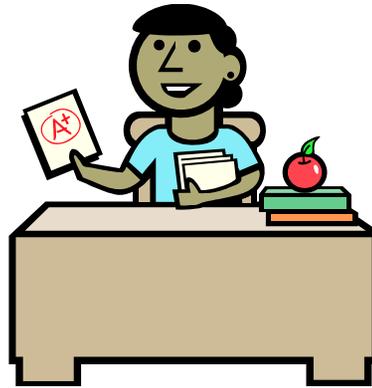
The 3 R's of School Immunizations: Resources, Records & Requirements

2014 Public Health in Schools Conference
School Vaccine Update – Part 1
July 22, 2014

Brenda Jones, RN, BSN, MA, AzCSN
Immunization Services Manager
Arizona Immunization Program Office







Current Shot Maze

On/After 4th
birthday

Conditional Admission

On/After 1st
birthday

Immunizations

Invalid Doses

Minimum Interval

Rules



Lab Evidence

Exemptions

Dose Current

Requirements

Guide Through the Maze - Resources

- **ADHS Immunization Program Website**
 - Make it a favorite
- **Check here for updates:**
<http://azdhs.gov/phs/immunization/>





- Bureau of Epidemiology & Disease Control Home
- Arizona Immunization Program Home
- Get Vaccinated
- Parents & Public ▶
- Schools & Childcare Centers ▶
- Vaccines for Children (VFC) ▶
- ASIS ▶
- Healthcare Professionals ▶
- Statistics & Reports
- Perinatal Hepatitis B Program
- Newsletters
- Annual Conference
- Vaccine Policy Changes
- Immunization Survey
- Vaccine Preventable Diseases (VPD)
- Additional Resources
- For Copies of Immunization Records Call:
1-877-494-5744

Arizona Immunization Program

Home



- Vaccines for Children (VFC) Program 2014 Enrollment is now available
- Adults Need Immunizations, Too



Clinic locations & recommended schedules.

[Get Vaccinated](#)



Info and resources for adults, adolescents and children.

[Parents & Public](#)



Immunization Requirements & Data Reports.

[School & Childcare](#)



Info for providers who participate in this federally funded program.

[Vaccines for Children \(VFC\)](#)



Arizona State Immunization Information System

[ASIS](#)



Immunizations vary by age group, find great resources here.

[Healthcare Professionals](#)



Up-to-date reports on immunizations in Arizona.

[Statistics & Reports](#)



Archive of Immunizations publications and news articles.

[Newsletters](#)





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- Additional Resources
- For Copies of Immunization Records Call:**
1-877-491-5741
- Arizona Immunization

Arizona Immunization Program

Information for Schools and Childcare Centers

The information in this section includes immunization requirements for children to attend school and childcare. For information on when to get immunizations please visit [Get Vaccinated](#) and for additional immunization information for all ages, visit [Parents and Public](#).

- [Immunization Requirements and Forms](#)
- [Immunization Data Reports \(IDR\)](#)
- [Immunization Education Materials](#)





- Bureau of Epidemiology & Disease Control Home
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- Get Vaccinated
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1-877-491-5741

Arizona Immunization Program

School & Childcare Center Requirements and Forms

Immunization Related Forms for Schools and Childcare Centers

- **Updated!** [Arizona Guide to School and Childcare Immunization Requirements](#) (August 2013)
- **NEW!** Immunization Exemption Forms
Please begin to use these new exemption forms immediately:
 - Medical Exemption Form: [English](#) | [Español](#)
Must be completed by the child's physician or nurse practitioner.
 - Religious Beliefs Exemption Form: [English](#) | [Español](#)
Must be completed by the parent or guardian of a child attending childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.
 - Personal Beliefs Exemption Form: [English](#) | [Español](#)
Must be completed by the parent or guardian of a student attending Kindergarten through 12th grade. Personal Beliefs exemptions are not applicable in childcare or preschool programs. The initials of the parent/guardian and the date are required next to each vaccine preventable disease description, in addition to the signature and date at the bottom of the form.

Immunization Information and Forms for Childcare Centers, Pre-school and Head Start

- **NEW!** [Childcare Toolkit for Immunization Requirements](#)
- [Requirements and Referral Notice for Childcare, Preschool and Head Start](#): [English](#) | [Español](#)
- [Arizona Immunization Requirements for Children Birth to 5](#)

School Immunization Requirements and Resources for Kindergarten through 12th Grade



For copies of immunization

Records Call:
1-877-491-5741

**Arizona Immunization
Program Office**
150 N. 18th Avenue,
Suite 120
Phoenix, AZ 85007
(602) 364-3630
(602) 364-3285 Fax

School Immunization Requirements and Resources for Kindergarten through 12th Grade

- 2014-2015 Requirements for KDG-12th Grade: [English](#) | [Español](#)
- 2013-2014 Requirements for KDG-12th Grade: [English](#) | [Español](#)
- [Referral Notice of Inadequate Immunization](#)
- [Arizona School Immunization Record \(ASIR 109\)](#)
- [Order Form for ASIR 109](#)
- **Charts to assist in checking schools immunizations of specific age groups**
 - [KDG-12th Grade requirements for children under 7](#)
 - [KDG-12th Grade requirements for children 7-10 years of age](#)
 - [KDG-12th Grade requirements for children 11 years and older](#)
- **Statutes and Rules for Immunization Requirements**
 - [Arizona Revised Statutes 15-871 through 15-874](#)
 - [Arizona Administrative Code, Title 9, Article 7](#)
 - [Arizona Department of Education](#)
 - [Bureau of Child Care Licensing](#)
 - [Homeless Student Resources](#)

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Health and Wellness for all Arizonans



azdhs.gov

Arizona Guide to School and Child Care Immunization Requirements



Revised August 2013



Health and Wellness for all Arizonans

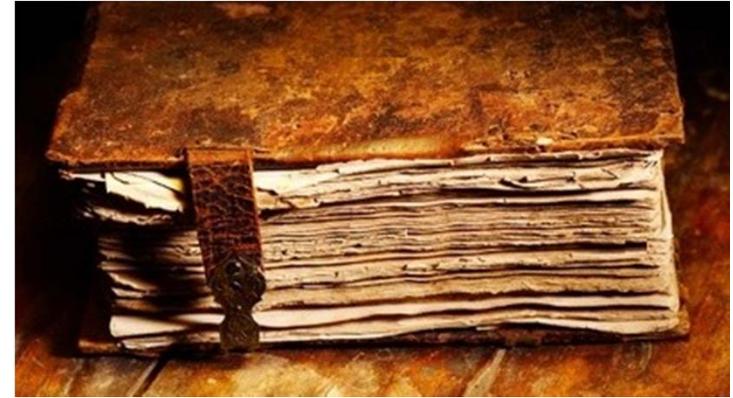
azdhs.gov



School Guide will include:

- Important Telephone Numbers & Websites
- School/Child Care Requirements
- Links to all forms
- Conditional Admissions
- Explanation of Exemptions/How to Use Forms
- Requirements for Record Keeping (ASIR)
- Assessments and Special Surveys (Immunization Data Report - IDR)
- School Toolkit (**under construction**)

History of Immunization Requirements



- ARS §15-871 – 874 (Dept. of Ed)
- Effective January 1, 1992
- Required to present documented record of 4-5 DTP, 3-4 Polio and 1 MMR and a Td booster after 10 yrs

Current Requirements

- **School K-12:**

DTaP/Td, Polio, MMR, Hep B, Varicella, plus Tdap + Meningococcal Vaccine in grades 6th – 12th in the 2014-2015 school year



It's the LAW!



- **Students must have proof of all required immunizations, or a valid exemption, in order to attend school**
 - **If law was not followed (in good faith) and**
 - **A non-complaint student spreads a VPD,**
 - **Which affects other students, teachers,**
 - **The school can be held liable**

School Enrollment Process for Immunizations

Part 1

- An immunization record is required for school entry *unless the child is homeless* (See Arizona Revised Statutes 15-871 - 15-874)
 - Immunization record may be obtained from parent, past school, ASIIS or another state's immunization registry
 - Parent/Guardian (not the school) contacts child's health care provider to obtain record when necessary
 - Schools assist homeless families in locating immunization records and immunizations

Acceptable Records



- Arizona Lifetime Immunization Record (Blue Card)
- Record from another state (school or provider)
- Computer (school or registry/ASIS) record
- Copy of Arizona School Immunization Record (ASIR)
- Record from a health care provider's office
- ALL forms must have required documentation

What proof of vaccination is needed? The child's record must contain:

- Child's name and birth date
- Vaccine administered
- Date administered (month/day/year)
- Signature/stamp of person or facility administering the vaccine



Other Acceptable Documentation

Exemptions:

New state forms were introduced last year and need to be completed for 2014-2015 school year and on:

- **Medical – permanent or temporary (signed by a physician)**
- **Medical with laboratory evidence of immunity**
- **Personal beliefs – K-12 schools only**
- **Religious beliefs – child care only**



Use of new exemption forms:

- **Have all new students complete the new forms as they enroll**
- **As time permits, revisit all other files with exemption forms and have parents complete and sign the new exemption forms**
- **Since some forms were incorrectly filled out initially, there may be a change in the number or type of forms being used**

School Enrollment Process for Immunizations

Part 2

- Review the student's record for compliance with all immunization requirements – all are required for student to attend school unless....
 - Student is homeless or
 - Student is up to date and within the minimum interval between vaccine doses

Provide a “Referral Notice of Inadequate Immunization” listing missing immunizations and advising of lawful exemptions available at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>



Referral Notice of Inadequate Immunization for School/Child Care

Student Name _____ Date of Birth _____

School/Child Care _____ Date _____

Our records show that your child has not received all immunizations required for school/child care attendance by Arizona State Law (A.R.S. §15-872). The immunization doses required now are circled or highlighted.

Attention School/Child Care Staff: Please write in the dates of all doses already listed on the child's record.

Vaccine Type	Doses					
	1st	2nd	3rd	4th	5th	6th
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis) Provider/Clinic Name _____	/ /	/ /	/ /	/ /	/ /	/ /
Td (Tetanus, Diphtheria) Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
IPV (Polio) Provider/Clinic Name _____	/ /	/ /	/ /	/ /	/ /	
MMR (Measles, Mumps, Rubella) Provider/Clinic Name _____	/ /	/ /	/ /			
Hib (Haemophilus influenzae type b) (Required up to age 5) Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
Hepatitis B Provider/Clinic Name _____	/ /	/ /	/ /	/ /		
Varicella (Chicken pox) Provider/Clinic Name _____	/ /	/ /	/ /			
Hepatitis A (Required in Maricopa County preschool/child care only) Provider/Clinic Name _____	/ /	/ /	/ /			
Tdap (Tetanus, Diphtheria, Pertussis) Provider/Clinic Name _____	/ /					
Meningococcal Provider/Clinic Name _____	/ /	/ /				

To Comply With Arizona Law, You Must Do One Of The Following:

By This Date: _____

1. If your child has already received the necessary immunization(s), bring his or her immunization record to school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician or local health department to get required immunization(s) and/or records. Then bring this form and the updated record back to school/child care.
3. *Exemptions to immunization requirements are available.* If immunizations are against your religious or personal beliefs, you must complete, sign and return an exemption statement to the school/child care center. If any immunization(s) cannot be given for medical reasons, or there is laboratory evidence of immunity, you must submit a medical exemption signed by a physician. A copy of the lab results must be submitted along with the exemption form.

By state law, your child will not be allowed to attend school until either a record of the above immunization(s) or an acceptable exemption statement is submitted. If you have questions or need additional information, please call: _____ at _____
(Name of contact person at school or child care center) (Phone number of school or child care center)



Health and Wellness for all Arizonans



School Enrollment Process for Immunizations

Part 3

- Complete a copy of the Arizona School Immunization Record (ASIR 109R) for each student - latest revision 12/9/11
- Computer-generated records that completely match all areas of the ASIR 109R are acceptable
- Copy of ASIR shall be a part of the mandatory permanent student record
- Hard copies of the ASIR 109R or facsimile must be available for each student
- School immunization records are open to inspection by ADHS and local health departments.



ARIZONA SCHOOL IMMUNIZATION RECORD

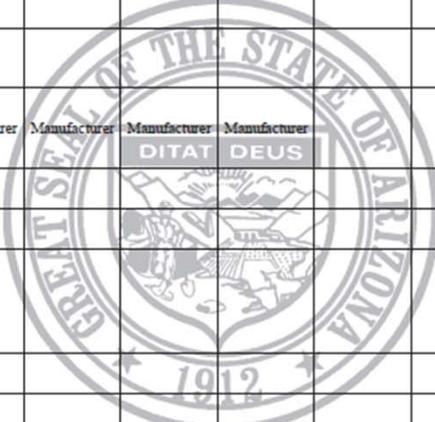
Completed from an immunization record provided by parent or guardian.
 Instructions.

PERSONAL INFORMATION

1	2	3	4	5	6	BIRTH DATE FECHA DE NACIMIENTO
7	8	9	10	11	12	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> SEXO Niño <input type="checkbox"/> Niña <input type="checkbox"/>

	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR
--	------------------	------------------	------------------	------------------	------------------	------------------

Pertussis						
Difteria						
(Td) Tetanus and Diphtheria Tetano y Difteria						
(Tdap) Tetanus, Diphtheria, acellular Pertussis Tetano, Difteria y Tos Ferina						
(IPV/OPV) Polio Vaccine Vacuna Antipoliomielitica						
(MMR) Measles, Mumps & Rubella Sarampión, y Paperas, y Rubéola (Month, Day & year required)						
(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i>	Manufacturer	Manufacturer	Manufacturer	Manufacturer		
(Hep B) Hepatitis B La Vacuna Hepatitis B						
(Hep A) Hepatitis A La Vacuna Hepatitis A						
Varicella (Chickenpox) Varicella Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11 <input type="checkbox"/>						
Meningococcal Meningococicas						
HPV (Human Papilloma Virus) Virus Papilloma Humano						
Other (Including Influenza Vaccine)						
TB Skin Test: (optional) List most recent test Prueba de tuberculosis: del piel: (opcion) Liste la más reciente prueba						



This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. Local health departments shall have access to this record.

FOR SCHOOL USE ONLY:

Enrollment Date: _____

Schedule for Completion (Check dose(s) needed)

VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTap/DTP/DT/Td						
Tdap						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						
Mening						
VAR						

III. Documentation
 I certify that I reviewed this student's immunization record and it has been transcribed accurately.
 Date _____
 Admitting Official _____

Documentation presented:
 Arizona Lifetime Record
 Foreign country (name) _____
 Out-of-State record (name) _____
 Other (name) _____

IV. Status of Requirements
 A. Immunization complete Date ____/____/____
 B. Currently up-to-date; more doses are due later. Needs follow-up.
 C. Laboratory evidence of immunity to: _____

Exemption for:
 D. Medical Reasons-Permanent
 Date ____/____/____
 E. Medical Reasons-Temporary until
 Date ____/____/____
 F. Personal Beliefs
 Date ____/____/____

ASIR109R - revised 12/09/11



Health and Wellness for all Arizonans



School immunization requirements are determined by the age and grade level of the child.

2014-2015 Arizona School Immunization Requirements, Kdg-12th Grade

1. Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>. Homeless students are allowed a 5-day grace period.
2. The immunization record for each vaccine dose must include the date and the doctor or clinic name.
3. The statutes and rules governing school immunization requirements are: Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.

Please check requirements for each child's age and grade level in the chart below.

Age →	Under age 7	7 - 10 years	11 years and older
Grade →	Kindergarten and above	Kindergarten-5 th grades	6 th through 12 th grades
Vaccine ↓			
DTaP/DTP/DT	4-5 th doses At least 1 dose at 4 years of age or older is required. *A 6 th dose is required if 5 doses have been given before 4 years of age.	3 DTaP, DTP, DT, and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP, DTP, DT, and/or Td doses are required if dose #1 was given <u>before</u> 12 months of age.	<u>1 Tdap dose</u> is required for students 11 and older. Exception; students who have completed the primary series of at least 3-4 doses of DTaP/DTP/DT/Td are not required to receive Tdap until 5 years have passed since their last dose of DTaP/DTP/DT/Td.
Td		Tdap may be counted to meet the requirements above. Tdap is <u>not required</u> for 11 year olds until they enter 6 th grade.	Tdap doses given prior to age 11 meet this requirement.
Tdap			A Td booster is required 10 years after the Tdap dose.
Meningococcal		<u>Not required</u> Doses given at age 10 meet the requirement for 11 year olds.	1 dose is required for students 11 years and older.
Polio	3-4 doses 3 doses meet the requirement if the 3 rd dose was given at 4+ years of age. 4 doses meet the requirement even if all 4 doses were given in the first year of life. (Not required for age 18 and older.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the child's 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling in an Arizona preschool or school for the first time after 9/1/11 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the spaces between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Childcare and preschool immunization requirements are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>.
Arizona Immunization Program Office • 150 North 16th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2323 4/3/2014



Health and Wellness for all Arizonans

azdhs.gov



2014-2015 School Year Immunization Requirements for **Children Under 7 in Arizona Schools**
(not applicable for pre-kindergarten, preschool, Head Start or child care)

Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	6 th Dose
<u>(DTaP/DTP) Diphtheria, Tetanus & Pertussis.</u> <u>(DT) Diphtheria & Tetanus</u>	Required	Required	Required	Required.	Required if dose #4 was given before the 4 th birthday.	Required only if 5 doses were given before the 4 th birthday. 6 doses meet the requirement even if all were given before age 4 years.
An interval of at least 4 weeks is required between the first 3 doses of DTaP/DTP/DT . An interval of 6 months is required between the 3 rd and 4 th doses.						
<u>(IPV/OPV) Polio</u>	Required	Required	Required	Required if the first three doses were all given before age 4.		
An interval of at least 4 weeks is required between all Polio doses. Refer children for the final dose 6 months after the previous dose, per current recommendations. <u>Children who received 4 Polio doses spaced 4 weeks apart are not required to repeat any doses in order to attend school.</u>						
<u>(MMR) Measles, Mumps, & Rubella</u>	Required	Required				
The minimum age for MMR #1 is 12 months. MMR #2 may be given 28 days after MMR #1. Doses of MMR and Varicella must be separated by at least 28 days unless they are administered on the same day.						
<u>(Hep B) Hepatitis B</u>	Required	Required	Required Must be given at 24 weeks or later to count as final Hep B dose.	Required only if dose #3 was given before 24 weeks of age.		
Hep B #1 may be given at birth. Dose #2 is due 4-8 weeks after dose #1. Dose #3 is due 2-5 months after dose #2, at least 4 months after dose #1 and no earlier than age 24 weeks.						
<u>Varicella*</u> (Chicken Pox)	Required*	<u>Recommended</u> Not required.				
*Only students who entered school or childcare in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attending school in Arizona without proof of Varicella immunization or exemption. After 9/1/2011 children whose health care providers can document their history of chicken pox need to obtain a medical exemption signed by the physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.						

Note: ADHS allows a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be at least 28 days.

Arizona Department of Health Services, Immunization Program Office, (602) 364-3630, Toll-free Number: (866) 222-2329, <http://www.azdhs.gov/phs/immunization/>

March 28, 2014



Health and Wellness for all Arizonans



2014-2015 School Year Immunization Requirements for Children 7 to 10 years old in Arizona Schools

(not applicable for pre-kindergarten, preschool, Head Start or child care)

Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
<u>(DTaP/DTP) Diphtheria, Tetanus & Pertussis. (DT) Diphtheria & Tetanus. Td (Tetanus & Diphtheria)</u>	Required	Required	Required	Required if dose #1 was given before 12 months of age.	
An interval of at least 4 weeks is required between the first doses of DTaP/DTP/DT/Td . An interval of 6 months is required between the last two doses. Tdap is not required for children under age 11, but can be counted as a valid tetanus/diphtheria containing vaccine dose.					
<u>(IPV/OPV) Polio</u>	Required	Required	Required	Required if the first three doses were all given before age 4.	
An interval of at least 4 weeks is required between all Polio doses. Refer children for the final dose 6 months after the previous dose, per current recommendations. Children who received 4 Polio doses spaced 4 weeks apart are not required to repeat any doses in order to attend school.					
<u>(MMR) Measles, Mumps, & Rubella</u>	Required	Required			
The minimum age for MMR #1 is 12 months. MMR #2 may be given 28 days after MMR #1. Doses of MMR and Varicella must be separated by at least 28 days unless they are administered on the same day.					
<u>(Hep B) Hepatitis B</u>	Required	Required	Required Must be given at 24 weeks or later to count as final Hep B dose.	Required only if dose #3 was given before 24 weeks of age.	
Hep B #1 may be given at birth. Dose #2 is due 4-8 weeks after dose #1. Dose #3 is due 2-5 months after dose #2, at least 4 months after dose #1 and no earlier than age 24 weeks.					
<u>Varicella* (Chicken Pox)</u>	Required*	<u>Recommended</u> Not required.			
*Only students who entered school or childcare in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attending school in Arizona without proof of Varicella immunization or exemption. After 9/1/2011 children whose health care providers can document their history of chicken pox need to obtain a medical exemption signed by the physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.					

Note: ADHS allows a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be at least 28 days.

Arizona Department of Health Services, Immunization Program Office, (602) 364-3630, Toll-free Number: (866) 222-2329, <http://www.azdhs.gov/phs/immunization/>

March 28, 2014



Health and Wellness for all Arizonans



2014-2015 School Year Immunization Requirements for Children 11 years and older in Arizona Schools
(not applicable for pre-kindergarten, preschool, Head Start or child care)

Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
(DTaP/DTP) Diphtheria, Tetanus & Pertussis, (DT) Diphtheria & Tetanus, (Td) Tetanus & Diphtheria	Required	Required	Required	Required if dose #1 was given before 12 months of age.	
An interval of at least 4 weeks is required between the first doses of DTaP/DTP/DT/Td. An interval of 6 months is required between the last two doses.					
(Tdap) Tetanus, Diphtheria & Pertussis	Required for 6 th – 12 th graders when 5 years after the last dose in the primary series of DTaP/DTP//Td.				
Tdap is acceptable for use in children younger than 11. Students who have received a Tdap dose before age 11, and/or as part of their first 3-4 doses of tetanus/diphtheria vaccine, meet the Tdap requirement. A Td booster is required 10 years after the Tdap dose if the student is still enrolled in school.					
(MV/MCV) Meningococcal Vaccine	Required for 6 th – 12 th graders.	Not required. Recommended at age 16.			
Meningococcal vaccine is licensed for use in children younger than 11. Children who received MV/MCV at age 10 meet the requirement.					
(IPV/OPV) Polio	Required	Required	Required	Required if the first three doses were all given before age 4.	
An interval of at least 4 weeks is required between all Polio doses. Refer children for the final dose 6 months after the previous dose, per current recommendations. Children who received 4 Polio doses spaced 4 weeks apart are not required to repeat any doses in order to attend school.					
(MMR) Measles, Mumps, & Rubella	Required	Required			
The minimum age for MMR #1 is 12 months. MMR #2 may be given 28 days after MMR #1. Doses of MMR and Varicella must be separated by at least 28 days unless they are administered on the same day.					
(Hep B) Hepatitis B	Required	Required	Required. Must be at least 24 weeks of age.	Required only if dose #3 was given before 24 weeks of age.	
Hep B #1 may be given at birth. Dose #2 is due 4-8 weeks after dose #1. Dose #3 is due 2-5 months after dose #2, at least 4 months after dose #1 and no earlier than age 24 weeks. A two-dose adolescent series may be given to children 11-15 years of age over a 4-6 month period.					
Varicella* (Chicken Pox)	Required*	Required* only if dose #1 was given at age 13 years or older. Dose #2 is recommended for all others.			
*Only students who entered school or childcare in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attending school in Arizona without proof of Varicella immunization or exemption. After 9/1/2011 children whose health care providers can document their history of chicken pox need to obtain a medical exemption signed by the physician. Doses of Varicella vaccine and MMR must be separated by at least 28 days unless they are administered on the same day.					

Note: ADHS allows a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be at least 28 days.

Arizona Department of Health Services, Immunization Program Office, (602) 364-3630, Toll-free Number: (866) 222-2329, <http://www.azdhs.gov/phs/immunization/>.

March 28, 2014



Health and Wellness for all Arizonans



2014-2015 School Requirements Children under age 7

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>4-5 DTaP</u>	4 doses OK if at least one dose given at 4+ years 6 doses required if 5 th dose given under 4 years
<u>3-4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years 4 total doses OK, even if given in first year of life
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	0 doses required if enrolled before 9/1/2011 with history of chicken pox disease
Valid doses are required. A 4-day grace period is allowed.	

2014-2015 School Requirements

Children 7-10 years of age

<u>Required Vaccines</u>	See below for exceptions requiring fewer or more doses
<u>4 DTaP/Td</u>	3 doses OK if all were given after 12 months 1 Dose of Tdap may be counted as part of these requirements
<u>4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	Varicella not required if enrolled with history of chicken pox disease before 9/1/2011
Valid doses are required. A 4-day grace period is allowed.	

2014-2015 School Requirements

Children 11+ years of age, Grade 6th - 12th

<u>Required</u>	See below for exceptions requiring fewer or more doses
<u>3 DTaP/Td</u>	3 doses OK if all were given after 12 months
<u>1 Tdap</u>	Required unless last DTaP/Td was within past 5 years
<u>1 MV/MCV</u>	Required
<u>4 Polio</u>	3 doses OK if 3 rd dose given at 4+ years
<u>2 MMR</u>	3 doses required if #1 was given before 12 months of age
<u>3 Hep B</u>	4 doses required if #3 was given before 24 weeks of age
<u>1 Varicella</u>	2 doses if #1 was given at 13+ years of age. Not required if enrolled before 9/1/2011 with chicken pox history
Valid doses are required. A 4-day grace period is allowed.	



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Tdap + MV Requirement Implementation Schedule

School Year	Grades Included
2008-2009	6th
2009-2010	6 th , 7 th
2010-2011	6 th , 7 th , 8 th
2011-2012	6 th , 7 th , 8 th , 9 th
2012-2013	6 th , 7 th , 8 th , 9 th , 10 th
2013-2014	6 th , 7 th , 8 th , 9 th , 10 th , 11 th
 2014-2015	6 th , 7 th , 8 th , 9 th , 10 th , 11 th , 12 th

Second Doses

- A second dose of Varicella is recommended, however, it is *not required* for school attendance
- A second dose of Meningococcal vaccine is recommended at age 16; it is *not required* for school attendance



Arizona State Immunization Information System (ASIIS)

- School and child care staff can enroll in ASIIS to look up and print out the immunization records of students
- After enrollment paperwork has been completed, you will receive a log-in and password
- <http://www.azdhs.gov/phs/asiis/enrollment.htm> or call 1-877-491-5741 to enroll in ASIIS
- NEW ASIIS helpline mail – ASIISHelpDesk@azdhs.gov or ASIISrequest@azdhs.gov
- When searching ASIIS, use minimal information to increase chances of locating child's record

Lost records from out of state?

- All states have immunization requirements
- Schools attended out of state usually have records of immunization that are transferred with other school records upon request
- Many state or county health departments have immunization registries like ASIIS that maintain the records of immunized children
- Visit <http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html#>

Please visit our exhibit table!

- **2014-2015 Requirements Forms**
 - School K-12
 - Preschool
- **Exemption Forms**
- **FAQ's**
- **School Immunization Posters**
- **Child Care Tool Kits**
- **Also – give us your input as to revisions for the referral and ASIR Forms**
 - Review the forms, write your suggestions on the forms
 - Option 1/Option 2
 - Return forms to us today
 - These are rough draft forms, they will be changing

Thank you!



Brenda Jones, RN, BSN, MA, AzCSN
Immunization Services Manager

Phone: 602-364-3626

Brenda.Jones@azdhs.gov

Alexandra Bhatti, MPH, JD*
Immunization Assessment Manager

Phone: 602-364-3632

[Alexandra .Bhatti@azdhs.gov](mailto:Alexandra.Bhatti@azdhs.gov)

<http://www.azdhs.gov/phs/immunization/>

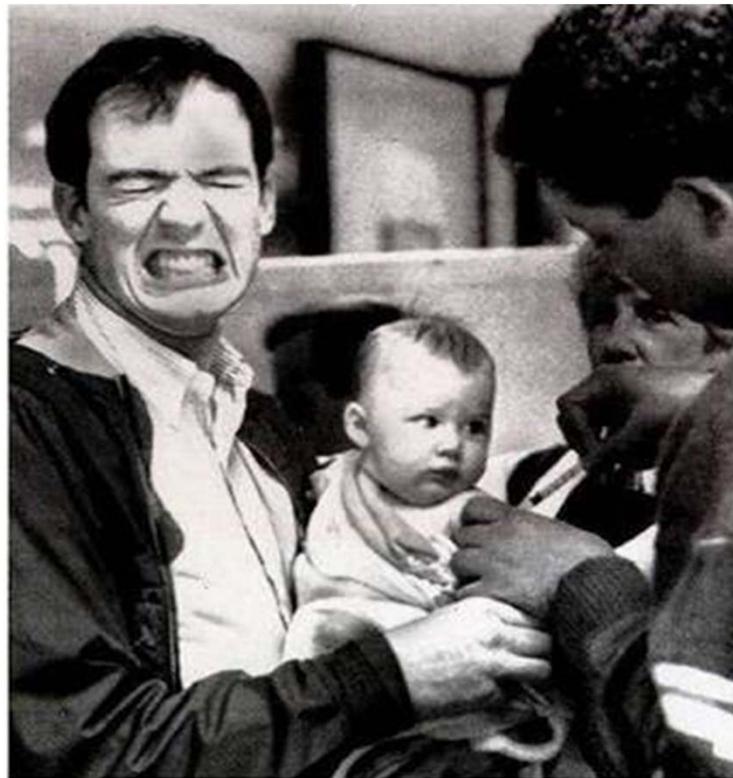
Immunization Exemptions in School: Let's Talk About It

2014 Public Health in Schools Conference
School Vaccine Update – Part 2
July 22, 2014

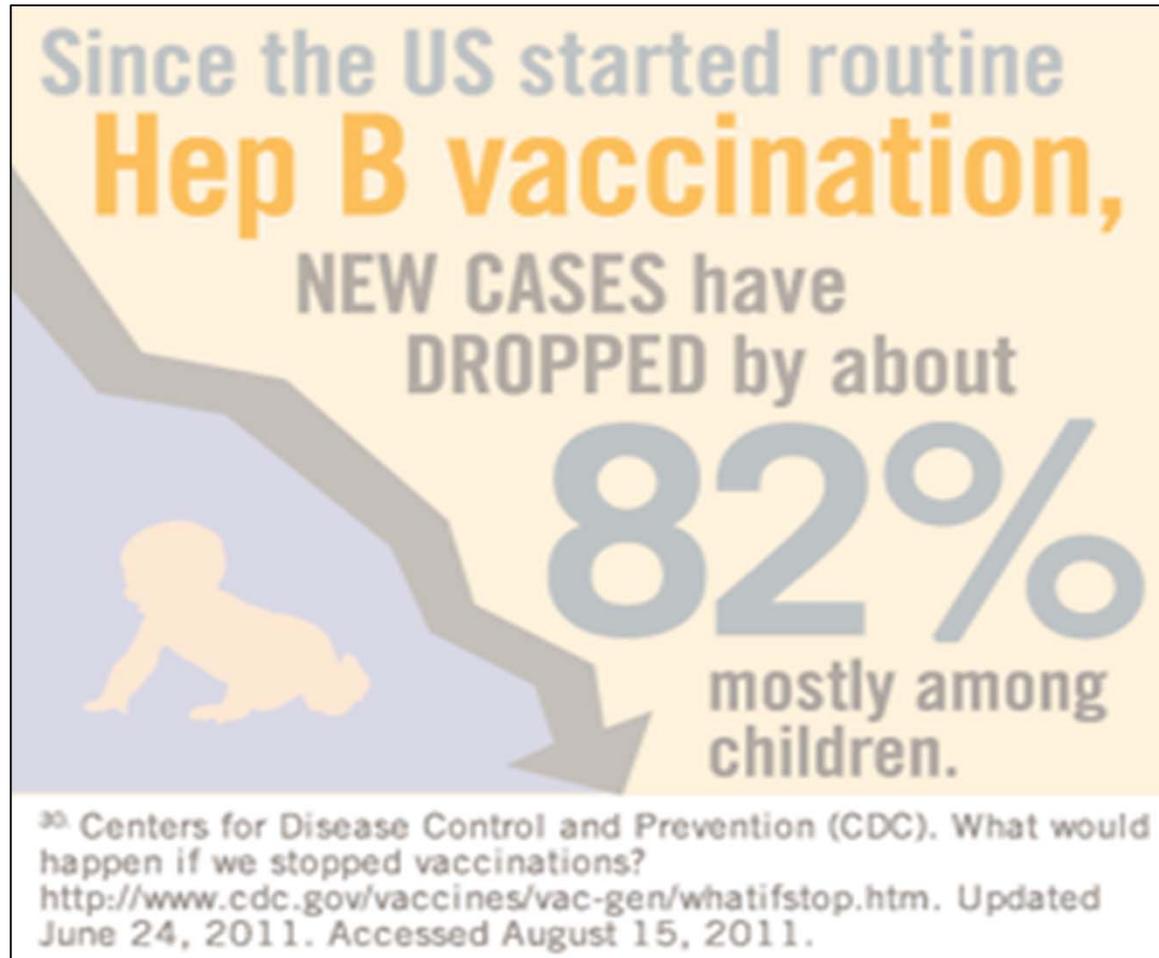
Alexandra Bhatti, MPH, JD*
Immunization Assessment Manager
Arizona Immunization Program Office



So WHY are Vaccinations Important?



Vaccines Prevent Disease



Retrieved from <http://www.vaccines.com/hepatitis-b-vaccine-information.cfm>

What is this disease?



And what prevents it?

Images retrieved from phil.cdc.gov/

What is this disease?



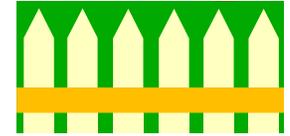
And what prevents it?

Images retrieved from, <http://www.health.gov.on.ca/en/pro/programs/mumps/>

So WHY are YOU Important?



School Nurses are Front-line D-



Immunizations:

- ✓ **Are required for school attendance**
 - you help enforce state mandated rules and statutes
- ✓ **Stop the spread of disease**
 - in your schools, in your community
- ✓ **Keep kids well and in school**
 - schools get paid when kids seats are in their seats

So, what is going on with Exemptions?

How many of you

- have noticed an increase in exemptions in your schools?
- hear more parents voicing concerns about vaccines in general?
- Are concerned about your school coverage rates?

Exemption History

- Rates of personal beliefs (K-12) and religious beliefs (preschool and child care) are steadily increasing in child care and kindergarten
- Immunization coverage levels have dropped below those needed for herd immunity against some vaccine preventable diseases
- U of A exemption study results were released with recommendations for changes in exemption forms

History, continued

- **A childcare focused exemption work group met last year to address challenges to immunization coverage and compliance and to develop strategies and solutions**
- **The child care community contributed greatly to the development of new forms and an immunization information toolkit**
- **We recently had a school focused exemption work group meeting to work on school-specific challenges – we want your input!**

School Immunization Issues

- ✓ Fewer school nurses (RNs); multiple health office responsibilities
- ✓ Law requires students be up- to- date upon school entry
- ✓ Vaccine hesitant and non-compliant parents
- ✓ Conflicts between need to keep students in school and compliance with immunization requirements
- ✓ Exemptions increasing & coverage decreasing
- ✓ Immunization recordkeeping and reporting

Kindergarten Coverage Levels

	Number	DTaP 4+	Polio 3+	MMR 2+	Hep B 3+	VAR 1	VAR 2	Personal Exempt
2010-2011	83,348 students	95.6%	95.6%	95.3%	96.6%	97.3%	81.2%	3.2%
2011-2012	85,316 students	94.9%	95.0%	94.7%	96.3%	96.9%	82.7%	3.4%
2012-2013	87,909 students	94.6%	94.7%	94.5%	95.9%	96.8%	84.2%	3.9%
2013-2014	85,861 students	94.3%	94.7%	93.9%	95.9%	96.4%	86.3%	4.7%

Coverage level decreases and personal exemption increases over time.

Arizona Kindergarten Coverage and Exemption Rates

	Number	DTaP 4+	Polio 3+	MMR 2+	Hep B 3+	VAR 1	VAR 2	Personal Exempt
2012-2013	87,909 students	94.6%	94.7%	94.5%	95.9%	96.8%	84.2%	3.9%
Exemptions by Vaccine 2012-2013		3.5%	3.5%	3.7%	3.0%	2.6%	2.6%	
2013-2014	85,861 students	94.3%	94.7%	93.9%	95.9%	96.4%	86.3%	4.7%
Exemptions by Vaccine 2013-2014		3.7%	3.7%	4.0%	3.3%	2.8%	2.8%	

2013-2014 Kindergarten Coverage and Exemption Rates by School Type

	Number	DTaP 4+	Polio 3+	MMR 2+	Hep B 3+	VAR 1	VAR 2	Personal Exempt
Public	67,906	95.2%	95.7%	95.1%	96.9%	97.3%	87.5%	3.6%
Charter	14,883	90.7%	90.7%	89.3%	92.1%	92.8%	81.4%	9.1%
Private	3,072	92.9%	92.9%	90.6%	93.6%	93.7%	83.8%	7.5%
Total	85,861	94.3%	94.7%	93.9%	95.9%	96.4%	86.3%	4.7%

Impact of school nurse on kindergarten personal beliefs exemptions

- **Personal beliefs exemption rate at schools without a school nurse: 5.3%**
- **Personal beliefs exemption rate at schools with a school nurse: 4.3%**

Among schools with a nurse:

- **Schools with nurse on campus 1-2 days per week had a personal beliefs exemption rate of 3.9%**
- **Schools with a nurse on campus 3-5 days per week had a personal beliefs exemption rate of 4.4%**

Sixth Grade Coverage Levels

	Number	Tdap 1	MCV 1	MMR 2	Hep B 3	VAR 1	VAR 2	Personal Exempt
2010-2011	82,047 students	87.8%	88.2%	97.7%	97.8%	98%	48.8%	3.7%
2011-2012	82,581 students	88.7%	89.2%	97.3%	97.6%	97.6%	52.2%	4.0%
2012-2013	82,765 students	90.1%	90.2%	97.5%	97.6%	97.6%	58.3%	3.9%
2013-2014	81,588 students	89.3%	89.8%	97.5%	97.6%	97.6%	71.4%	4.7%

Arizona Sixth Grade Coverage and Exemption Rates

	Number	Tdap 1	MCV 1	MMR 2	Hep B 3	VAR 1	VAR 2	Personal Exempt
2012-2013	82,765 students	90.1%	90.2%	97.5%	97.6%	97.6%	58.3%	3.9%
Exemptions by Vaccine 2012-2013		3.3%	3.8%	2.1%	1.9%	1.8%	1.8%	
2013-2014	81,588 students	89.3%	89.8%	97.5%	97.6%	97.6%	71.4%	4.7%
Exemptions by Vaccine 2013-2014		3.7%	4.1%	2.0%	1.9%	1.8%	1.8%	

2013-2014 Sixth Grade Coverage and Exemption Rates by School Type

	Number	Tdap	MCV	MMR 2+	Hep B 3+	VAR 1	VAR 2	Personal Exempt
Public	66,329	91.5%	91.6%	98.1%	98.1%	98.1%	71.2%	3.7%
Charter	12,789	81.7%	81.2%	94.6%	94.9%	95.5%	70.6%	9.4%
Private	2,470	88.8%	86.8%	95.5%	96.0%	95.9%	78.8%	6.7%
Total	81,588	89.3%	89.8%	97.5%	97.6%	97.6%	71.4%	4.7%

So WHY do we need to reduce use of Exemptions?



Diseases are Real



Images retrieved from <http://phil.cdc.gov/phil/home.asp>, iac.org, /

We are a Global Community



Diseases are just a plane ride away

Image retrieved from Microsoft clipart

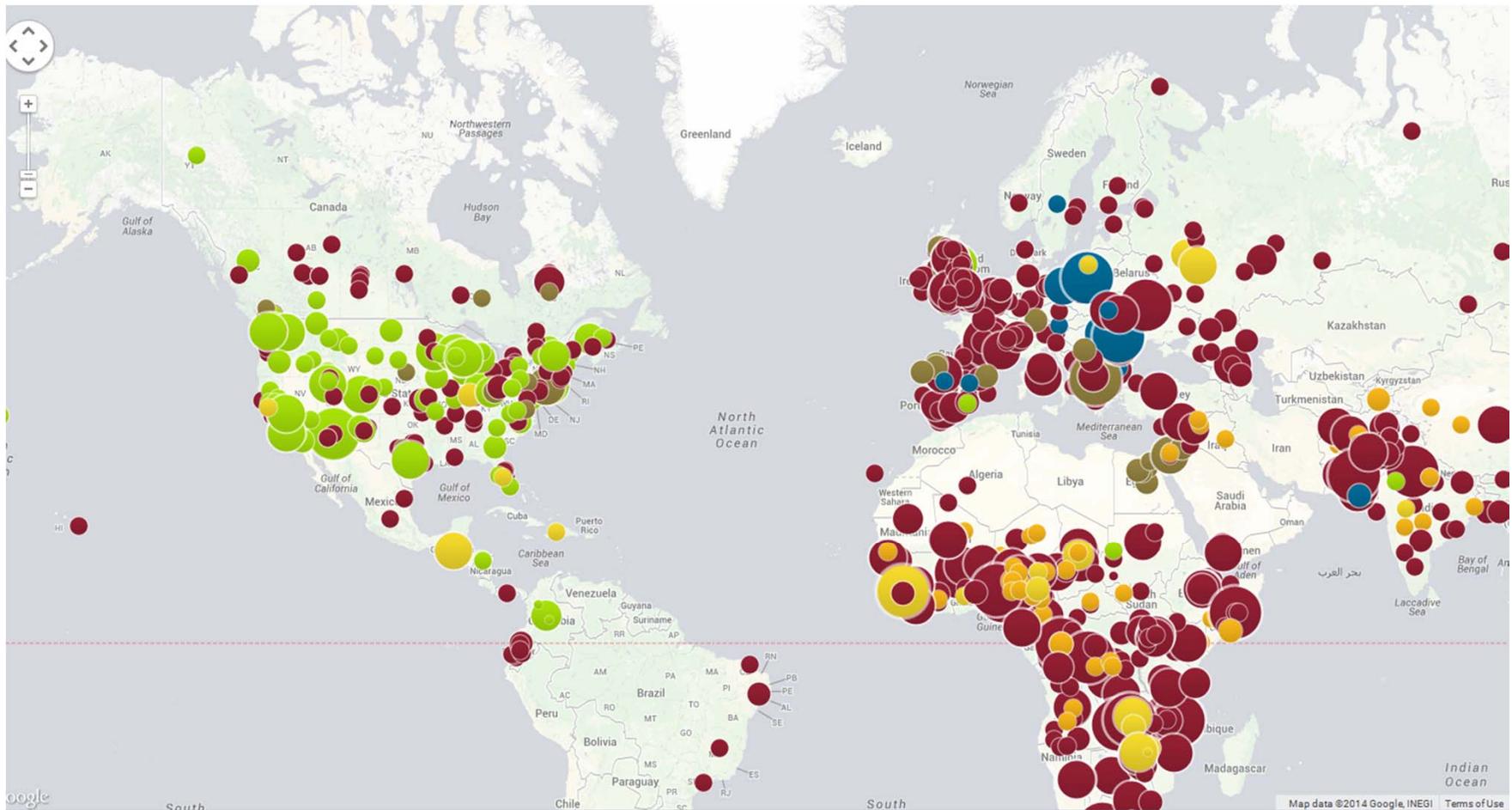


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Current Vaccine Preventable Outbreaks



http://www.cfr.org/interactives/GH_Vaccine_Map/#map



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So What Can We Do?



Interventions to Increase Coverage Levels and Decrease Exemptions

- Immunization education at conferences and other training events
- Site visits and ongoing immunization education provided to physicians, nurse practitioners and Physician Assistants during site visits
- ADHS and TAPI print materials and web resources
- U of A College of Public Health exemption study

Recommendation from U of A Exemption Study

“An exemption form that asks the parent to initial acknowledgements of the risks of not vaccinating should replace the standard form that simply requires a signature. The form in Appendix C could be modified to include an initial by each risk acknowledgement.”

Study results are posted at:

<http://azdhs.gov/phs/immunization/statistics-reports.htm>



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REQUEST FOR EXEMPTION TO IMMUNIZATION
SCHOOLS (Kindergarten – 12th Grade)

The Arizona Department of Health Services strongly encourages parents to have their children fully immunized to protect not only their children but also other family members, friends, schoolmates, neighbors, and other people in the community. However, if you wish for your child to be exempt from the immunization requirements, this form must be completed, signed and returned to the school. By state law, (A.R.S. §15-873) your child will not be allowed to attend school until either a record of immunization or this exemption statement is submitted. Please indicate below the type of exemption requested and complete all required information. **In the event that the county health department declares an outbreak of a vaccine preventable disease for which you cannot provide proof of immunity for your child, your child will not be allowed to attend school until the risk period ends.**

MEDICAL REASONS - If the immunization would be a health risk to the child because of pre-existing medical conditions, you must sign the statement below *along with your physician's or nurse practitioner's signature*. Your physician or nurse practitioner must state the reason for the medical exemption. The exemption may be for one or more vaccines, and may be either permanent or temporary. If the condition is temporary, the date of its end must be given, at which time the child must receive any necessary vaccine doses.

PERSONAL BELIEFS - If immunizations are against your personal beliefs, you must sign below to exempt your child from the requirements.

LABORATORY EVIDENCE - If your child has previously had a vaccine preventable disease, immunization against that disease is not required if laboratory evidence of immunity signed by a physician or nurse practitioner can be provided. *Copies of lab results must accompany this request.*

COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

I request an exemption for my child from the required vaccines listed below. I understand the risks and possible outcomes of this decision. I am aware that the disease(s) may result in serious illness, disability or death. I am aware that additional information about immunizations is available from the county health department, the state health department, and from www.immunize.org.

Child's Name _____ Date of Birth _____
(month, day, year)

Type of exemption requested: (Mark one)	For the following vaccines: (Mark all that apply)
<input type="checkbox"/> Medical** (See below)	<input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis
<input type="checkbox"/> Personal Beliefs	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella
<input type="checkbox"/> Laboratory Evidence	<input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella
	<input type="checkbox"/> Meningococcal

** If a medical exemption is marked, complete the following:

Reason for medical exemption: _____

Length of exemption: Permanent _____ Temporary until _____

Required Signatures: A parent or guardian must sign all requests. A physician or nurse practitioner must also sign any requests for medical or laboratory evidence exemptions:

Parent or Guardian _____ Physician (MD or DO) or Nurse Practitioner _____

Printed Name _____ Printed Name _____

Date: month, day, year _____ Date: month, day, year _____

ADHS School Exemption Form

Revised 6/30/2011

Problems with Old Form

- Forms were not completed correctly because medical and personal reasons were on the same page
- Temporary personal beliefs have never been an option but were often selected
- Consistent information about vaccine preventable diseases was not provided
- Style of the form was conducive to convenience exemptions



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Arizona Immunization Exemption Statutes and Rules

✓ Arizona Revised Statutes 15-873

✓ Arizona Administrative Code

R9-6-706. Exemptions from Immunizations

E. For a child attending a school, a parent or guardian shall submit to the school a written statement of exemption from immunization for personal beliefs as required in A.R.S. § 15-873(A)(1) or written certification of medical exemption as required in A.R.S. § 15-873(A)(2) **on a form provided by the Department....**



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Lawful Exemptions in Arizona Schools

- Personal Beliefs in Grades K-12 (not child care, preschool or pre-kindergarten)
- Temporary or Permanent Medical (must be signed by a physician or nurse practitioner)
- Exemption forms are provided upon request by parent/guardian and should not be part of an enrollment packet –
 - Try to refer if you can to school nurse for educational moment



Arizona law requires that schools, preschools and childcare facilities obtain this form, completed by a physician or registered nurse practitioner, in order for a child to be exempted from immunization requirements for medical reasons.

Medical Exemption Form

This is the official ADHS-provided form used by physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a history of Varicella (chicken pox) disease.

Child's Name _____ Date of Birth _____

To be completed by a physician or registered nurse practitioner to exempt a child from childcare or school immunization requirements.

Printed Name of Physician or Nurse _____

Signature of Physician or Nurse _____ Date _____

Please list each vaccine included in the exemption and the reason for the exemption:

Please indicate whether this is a **permanent** exemption or a **temporary** exemption

If the exemption is **temporary**, please list the date the exemption ends _____

Parent/Guardian Section:

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare and/or school until the risk period ends, which may be up to 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. (www.azdhs.gov/phs/immun/index.htm)

Parent/Guardian Signature _____ Date _____

Arizona Revised Statutes 15-873, <http://www.sosleg.state.az.us/ars/15/00873.htm>, and Arizona Administrative Code, R9-5-305, http://www.azsos.gov/public_services/Tfile_09/9-05.htm, and R9-6-706, http://www.azsos.gov/public_services/Tfile_09/9-06.htm describe the requirements for medical exemptions in childcare and school settings.

ADHS Immunization Program Office <http://www.azdhs.gov/phs/immunization/> July 1, 2013

New Medical Exemption Form

- For use in K-12 grades only
- Must be signed by physician or nurse practitioner
- May be permanent or temporary – end date if temporary
- Should be used for known history of chicken pox
- Attach any laboratory evidence of immunity to this signed form
- Parent signs bottom section



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Use of Medical Exemption for Chicken Pox History

- Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall
- Students attending school or preschool in Arizona for the first time after 9/1/2011 are now required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.



Personal Beliefs Exemption Form
Kindergarten – 12th Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child is at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Meningococcal: I have been informed that by not receiving this vaccine, my child is at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: neurological damage, sepsis, permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/index.htm).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____

ADHS Immunization Program Office <http://www.azdhs.gov/phs/immunization/> July 1, 2013

New Personal Beliefs Form

- For use in K-12 grades only
- Parents check box and date and sign for one or more vaccines*
- Initial and sign lower section acknowledging awareness of exemption from school attendance in event of county health department declared outbreak at your school
- Partially immunized exempt students should still have record of immunizations on file



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When to renew an exemption Form

- 1) When a student changes schools
- 2) When a new vaccine requirement is introduced
- 3) When a new state form is developed

TOP 10 Proposed Solutions

- 1. Simplify process, requirements, & referrals**
 - Revise referral form
 - Address/change in rules
 - Management of schools screening process for immunization records
 - Storage/filing of immunization records
- 2. Provide education and training to schools**
 - Contact your County Health Department
 - Contact State Immunization Program
- 3. Provide resources**
 - AIPO website
- 4. Promote use of the ASIIS registry**

TOP 10 Proposed Solutions

5. **Streamline School guide**
 - **Online reference**

6. **Develop and promote toolkit collaboratively**
 - **Quick and easy guide to immunizations**

7. **Work together to identify additional strategies**

8. **Talk about school immunization software programs**
 - **How to make them work and be compliant with current rules and statutes**

TOP 10 Proposed Solutions

9. Solicit School Administrative Support

- Provide guidance and support for school nurses/health office personnel
- Be in compliance with state law
- Consider a lawful compliance “grace period”, currently they are unlawful, different for each district

10. Eliminate convenience exemptions

- Do not put exemption forms in registration/enrollment packages
- What can school nurses/health office staff say and do

Resources

- **ADHS Immunization Program Website**
 - @ <http://azdhs.gov/phs/immunization/>
- **CDC Vaccines and Immunizations**
 - @ <http://www.cdc.gov/vaccines/>
- **The Arizona Partnership for Immunization (TAPI)**
 - @ <http://www.whyimmunize.org>

Thank you!



Brenda Jones, RN, BSN, MA, AzCSN
Immunization Services Manager
Phone: 602-364-3626
Brenda.Jones@azdhs.gov

Alexandra Bhatti, MPH, JD*
Immunization Assessment Manager
Phone: 602-364-3632
[Alexandra .Bhatti@azdhs.gov](mailto:Alexandra.Bhatti@azdhs.gov)

<http://www.azdhs.gov/phs/immunization/>