

**Omaha Public Schools
Health Services**

Dear Parent/Guardian:

Before entering school the following immunizations are required:

Students 2-5 years of age

- 3 doses of Hepatitis B vaccine
- 4 doses DPT/DT (diphtheria, pertussis, tetanus)
- 3 doses Polio vaccine
- 1 dose MMR (measles, mumps, and rubella) at 12 months of age or older
- 3 doses of Hib vaccine or 1 dose at or after 15 months of age (not required over 5 years of age)
- 1 dose of Varicella vaccine (Chicken Pox) or parent report of year of disease.

Students enrolling for the first time (Kindergarten), students transferring from out of the state and students entering 7th grade.

- 3 doses Hepatitis B vaccine
- 3 doses DPT/Td/DT vaccine with one dose at or after 4 years of age
- 3 doses Polio vaccine
- 2 doses MMR vaccine, with first dose given on or after 12 months of age and the two doses separated by at least 28 days.
- 1 dose of Varicella vaccine (Chicken Pox) for students less than 13 years or parent report of year of disease.
- 2 doses of Varicella vaccine (Chicken Pox) for students 13 years and over or parent report of year of disease.

All other students

- 3 doses of DPT/Td/DT vaccine
- 3 doses Polio vaccine
- 2 MMRs with the first dose on or after 12 months of age and the two doses separated by 28 days.

All students in grades K-12 are required to have two doses of MMR vaccine.

Please record the date, month, and year your child was immunized:

Name of Student _____ Grade _____ Room _____

DPT/Td/DT (1)_____ (2)_____ (3)_____ (4)_____ Booster _____

Polio (1)_____ (2)_____ (3)_____ (4)_____

Hepatitis B (1)_____ (2)_____ (3)_____

MMR (1)_____ (2)_____

Hib (1)_____ (2)_____ (3)_____

Varicella (Chicken Pox) (1)_____ (2)_____ or parent report of year of disease _____.

Please return the completed form or a copy of the immunization record to your child's school.

If your child has begun the immunizations, by law he/she may be enrolled provisionally as long as he/she continues to receive the immunizations. Upon enrollment, please submit a letter stating your child has begun the immunizations and the date when he/she will be receiving additional immunizations.

Exemptions will be granted for: (1) medical for health reasons substantiated by a signed statement from a physician; or (2) religious conflicts substantiated by a notarized affidavit from the student or the student's legal guardian if the student is a minor.

Medical Waiver

If your child cannot be immunized for medical reasons, please have your physician complete and sign this form. The completed form must, by law, be received by the school prior to your child's enrollment.

I attest that in my medical opinion _____ cannot be immunized
(Child's Name)
against _____ as
(List Disease)

required by Nebraska School Immunization Law, because such immunizations would be injurious to the health or well being of the student or a member of the student's family or household.

Date: _____ Physician's Signature _____

Religious Waiver

If immunization conflicts with religious beliefs and convictions, you must by law present to the school a notarized statement indicating that the required immunizations conflict with such religious practice or belief. This document must be received by the school prior to your child's enrollment.

I, _____, attest that because of religious
(Parent/Guardian)
beliefs I do not want _____ immunized against:
(Child's Name)

Check appropriate boxes:

- Measles Mumps Rubella Hepatitis B
 Polio Diphtheria, Whooping Cough, Tetanus Hib Varicella
(Chicken Pox)
 All of the above

Because such immunizations: (Check all that apply)

- Conflict with the tenets and practices of a recognized religious denomination of which the student is and adherent member.
 Conflict with the personal and sincerely followed beliefs of _____.
(Child's Name)

Date: _____ Parent/Guardian _____

Date: _____ Student: _____
(Student's signature is required if not a minor)

Date: _____ Notary: _____