Rhode Island Department of Health

Summary of
Immunization Requirements
For Daycare, Preschools & Schools
&
Recommendations
For Granting Exemptions

Updated: April 2010

Introduction

In order to maintain protective levels of vaccination in daycare and school settings, and safeguard our communities, the Rhode Island Department of Health (HEALTH) Immunization Program (IP) must work closely with these groups to ensure that enrolled children are in compliance with mandatory school immunization and exemption requirements.

In Rhode Island, all children entering public and private daycare, preschools, schools must be immunized in accordance with the *State of Rhode Island Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* www.rules.state.ri.us/rules The requirements are based on recommendations from groups such as the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, and input from Rhode Island' s medical community. According to the regulations, it is the responsibility of the administrative head of the school to secure compliance with the regulations.

The Summary of Immunization Requirements for Children in Daycare and Schools (Pre-K Through 12) and Recommendations for Granting Exemptions **is intended especially for preschool and school nurses, daycare supervisors and directors, as well as other individuals directly involved in the process of ensuring that enrolled children are age appropriately immunized according to the immunization regulations, or have the appropriate exemption certificate on file. The manual was developed in conjunction with the newly designed exemption certificates (Medical, Religious and Temporary-sample enclosed) with the intent of supporting appropriate utilization of the certificates by daycares, preschools and schools and to enhance public health surveillance of vaccine-preventable disease.**

It is essential that daycare and schools be well informed and prepared to communicate and reinforce a universal message about the risks and benefits of vaccination for the individual and the community. The primary goal of the manual is to provide you with the necessary resources and tools to ensure that children are up-to-date on their immunizations, and that parents seeking exemptions for their child understand the process for obtaining the exemption certificates and are well informed as to the risks for their child of contracting and spreading vaccine-preventable disease.

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Summary of Immunization Requirements

Preschool & Child Daycare

Children in preschools and daycares must be **age appropriately** immunized in accordance with the current ***Recommended Childhood Immunization Schedule*** against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus influenzae type b, hepatitis B, and varicella (chickenpox) and pneumococcal disease. The table below illustrates the minimum number of valid doses of vaccine a child is required by state regulation to have.

Vaccine➔ Disease➔ Age ↓	DTaP Diphtheria Tetanus Pertussis	IPV Polio	Hib [1] Haemophilus Influenzae Type B	Hep B Hepatitis B	PCV Pneumococcal	Varicella [2] Chickenpox	MMR Measles Mumps Rubella
By 3 months child should have ➔	1	1	1	2	1	0	0
By 5 months child should have ➔	2	2	2	2	2	0	0
By 7 months child should have ➔	3	2	2 or 3	2	3	0	0
By 16 months child should have ➔	3	2	3 or 4	2	4	1	1
By 19 months child should have ➔	4	3	3 or 4	3	4	1	1

[1] Number of doses may vary depending on the type of Hib vaccine used.
[2] Either Varicella (chickenpox) vaccine ***OR*** a physician signed statement of history of chickenpox disease is required.

Kindergarten

By the time children enter kindergarten they should have a total of: 3 doses of hepatitis B vaccine; 5 doses of DTaP (diphtheria, tetanus, pertussis) vaccine; 4 doses of polio vaccine; 2 doses of MMR (measles, mumps, rubella) vaccine; 2 doses of varicella (chickenpox) vaccine *or* documentation by a health care provider of a history of chickenpox disease.

7th Grade

In addition to the above immunizations, by the time children enter 7th grade they should have 1 dose of Tdap if it has been 5 years or more since the last tetanus containing vaccine, and one dose of meningitis vaccine.

See Appendix D for vaccine schedules, frequently asked questions and answers and other tools for assessing vaccination records.

Recommendations & Guidelines for Granting Immunization Exemptions

General Recommendations

1. Daycare, preschools, schools and colleges should use the appropriate *Immunization Exemption Certificate: Medical*, *Religious, or Temporary* (See Appendix A) available from the Rhode Island Department of Health (HEALTH) when granting exemptions. The certificates are multi-part forms and can be ordered on line at www.health.ri.gov. You will find a link on the home page.
2. Maintain a current Immunization Exemption Log (Appendix B) of all exempt students to assist with prompt exclusion in the event of a vaccine-preventable disease outbreak.

Medical Exemptions

1. Use the *Medical Immunization Exemption Certificate* for all students with a medical contraindication to required vaccinations. Enter demographic information in Section 1 of form.

2. Students with a medical contraindication to a vaccine(s) should have their health care provider complete Section 2 of the *Medical Immunization Exemption Certificate* and return the certificate to the daycare/preschool/school/college.

3. The administrative head and school nurse should sign and date Section 3 of the *Medical Immunization Exemption Certificate, a*nd distribute copies as designated on the bottom of the certificate.

Religious Exemptions

1. Schedule an immunization/vaccine-preventable disease educational intervention session with parent/guardian or student if $\geq$ 18 years of age. Include a review of the educational materials (Appendix C) included in this packet. Educational materials include:
3. A CDC Vaccine Information Statement (VIS) for each of the required vaccinations for which the student is exempt. VIS's are available in multiple languages at can be ordered on line at www.health.ri.gov. from our distribution center.
    - http://www.immunize.org/vis/index.htm, or by contacting the *Facts for Parents to Consider with Unprotected Children*
    - Parents/students requesting additional information can be referred to or given a copy of *Reliable Sources of Immunization Information*

2. After reading the educational materials, have parent initial and sign Section 2 of the *Religious Immunization Exemption Certificate*.

3. The administrative head and school nurse should sign and date Section 3 of the *Religious Immunization Exemption Certificate, a*nd distribute copies as designated on the bottom of the certificate.

Temporary Exemptions

1. Use the *Temporary Exemption Certificate* in a situation where a student has received at least the initial dose(s) of the required vaccine(s) and has a scheduled appointment to continue or complete the primary or booster dose(s) of an immunization series

2. The *Temporary Exemption Certificate* should expire on the date of the immunization appointment. There are no specific time constraints when using the form and schools may use their own discretion when determining a reasonable cut-off period for completion of immunization requirements. It is generally recommended that the cut-off date for completion be no later than December 31st.

Immunization Exemption Certificates
(Samples Only)

Order exemption certificates on line at www.health.ri.gov

Rhode Island Department of Health

Medical Immunization Exemption Certificate

For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Medical Immunization Exemption Certificate (Please press down firmly to penetrate all copies)
Section 1: Enter school and student information.
Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature and date.
Section 3: For school use only: Obtain school signatures and dates and distribute copies as outlined below.

Section 1: School and Student Information

NAME OF DAYCARE/PRESCHOOL/SCHOOL/COLLEGE	STREET ADDRESS:	CITY	ZIP CODE	PHONE

STUDENT NAME:	DATE OF BIRTH:	GRADE/LEVEL:

STREET ADDRESS:	CITY:	ZIP CODE	PHONE:

Section 2: For Health Care Provider Use Only: Please provide name, address, vaccine contraindication(s), signature and date.

NAME OF HEALTH CARE PROVIDER	STREET ADDRESS:	CITY	ZIP CODE	PHONE

1. I certify that due to a contraindication(s) the above named student is exempt from receiving the required vaccine(s):

☐ **Hepatitis B** ☐ **DTaP** ☐ **IPV** ☐ **Hib** ☐ **PCV** ☐ **MMR** ☐ **Varicella** ☐ **Td/Tdap** ☐ **MCV**

2. The contraindication(s) marked below is in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, American Academy of Pediatrics (AAP) guidelines, or vaccine package insert instructions: (Check where applicable)

Contraindications	Precautions or Temporary Contraindications
☐ Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose. (General for all vaccines) ☐ Serious allergic reaction (e.g., anaphylaxis) to a vaccine component. (General for all vaccines) ☐ Previous encephalopathy within 7 days of administration of previous dose of DTaP/DTP. ☐ Progressive neurological problem after DTaP/DTP ☐ MMR contraindicated with immunodeficiency, due to any cause, including HIV ☐ Varicella contraindicated with substantial suppression of cellular immunity	☐ Recent administration of an antibody-containing blood product (MMR, Varicella) ☐ Student is pregnant. (MMR, Varicella) ☐Thrombocytopenia/thrombocytopenic purpura- now or by history (MMR) **Any of the conditions below after a previous dose of DTP or DTaP:** ☐ Neurologic disorder – unstable or evolving ☐ Fever of ≥105° F (40.5° C) unexplained by another cause (within 48 hours) ☐ Seizure or convulsion within 72 hours ☐ Persistent, inconsolable crying lasting ≥ 3 (within 48 hours) ☐ Collapse or shock like state (within 48 hours) ☐ Guillain-Barré Syndrome (within 6 weeks)

Parent/student has been informed that if an outbreak of vaccine -preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.

_____ _____
Health Care Provider Signature **Date**

Section 3: For School Official Use Only: Please provide date and signatures and distribute copies as outlined below.

_____ _____
School Nurse Signature Date

_____ _____
School Administrative Head Signature Date

Note: In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM),* (http://www.rules.state.ri.us/rules/, it is the responsibility of the administrative head of the of the daycare, preschool, school or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.

White Copy: Daycare/Preschool/School/College / Yellow Copy: Parent/Guardian/Student / Pink Copy: Mail to: Rhode Island Department of Health♦ Immunization Program♦ 3 Capitol Hill♦ Room 302♦ Providence RI 02908 / Gold Copy: Health Care Provider (2009)

Rhode Island Department of Health
Religious Immunization Exemption Certificate
For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Religious Immunization Exemption Certificate (Please press down firmly to penetrate all copies)
Section 1: Enter student information.
Section 2: Have parent/guardian or student (if ≥ 18 years of age) initial, sign and date after reading Vaccine Information Statement (s).
Section 3: Obtain school signatures and dates and distribute copies as outlined below.

NAME OF DAYCARE/PRESCHOOL/SCHOOL/COLLEGE	STREET ADDRESS:	CITY	ZIP CODE	PHONE

Section 1. Student Information

STUDENT NAME:		DATE OF BIRTH:	GRADE:
STREET ADDRESS:	CITY:	ZIP CODE	PHONE:
NAME AND ADDRESS OF HEALTH CARE PROVIDER:	CITY:	ZIP CODE	PHONE:

Section 2: Immunization Exemption. To be completed by Parent/Guardian or Student if ≥18 years of age

I request that the above named student be exempt from the vaccine(s) checked below based on my religious beliefs:

☐ **Hepatitis B** ☐ **DTaP** ☐ **IPV** ☐ **Hib** ☐ **PCV** ☐ **MMR** ☐ **Varicella** ☐ **Td/Tdap** ☐ **MCV**

I have received and read the educational materials explaining the disease(s) and vaccine (s) checked above and:

_____ Initials	I understand the benefits and the risks of the vaccine(s).
_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that if an outbreak of vaccine -preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.

I understand the above risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ _____
Signature of Parent/Guardian or Student if ≥ 18 years Date

Section 3: For School Official Use Only: Please provide date and signatures and distribute copies as outlined below.

_____ _____
School Nurse Signature Date

_____ _____
School Administrative Head Signature Date

Note: In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM),* (http://www.rules.state.ri.us/rules/ , it is the responsibility of the administrative head of the of the daycare, preschool, school or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.

White Copy: Daycare/Preschool/School/College / Yellow Copy: Parent/Guardian/Student / Pink Copy: Mail to: Rhode Island Department of Health♦ Immunization Program♦ 3 Capitol Hill♦ Room 302♦ Providence RI 02908 / Gold Copy: Health Care Provider (2009)

Rhode Island Department of Health
Temporary Immunization Exemption Certificate
For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Temporary Immunization Exemption Certificate (Please press down firmly to penetrate all copies)
Section 1: Enter student information.
Section 2: Have parent/guardian or student (if ≥ 18 years of age) initial, sign and date.
Section 3: Obtain school signatures and dates and distribute copies as outlined below.

Section 1. Student Information

STUDENT NAME:		DATE OF BIRTH:	GRADE:
STREET ADDRESS:	CITY:	ZIP CODE	PHONE:
NAME AND ADDRESS OF HEALTH CARE PROVIDER:	CITY:	ZIP CODE	PHONE:

Section 2: Immunization Exemption. To be completed by Parent/Guardian or Student if ≥18 years of age

I request that the above named student be temporarily exempt from the vaccine(s) checked below. An appointment with a health care provider for the following required immunization(s) has been made on (date) _____.

☐ **Hepatitis B** ☐ **DTaP** ☐ **IPV** ☐ **Hib** ☐ **PCV** ☐ **MMR** ☐ **Varicella** ☐ **Td/Tdap** ☐ **MCV**

I understand that:

- The temporary exemption allows a student to enter or remain in school until the date of the immunization appointment noted above, and will expire on this date.
- The student must present a copy of the record of immunization(s) given to the school on or prior to, reentry. Failure by the student to obtain the required immunizations will result in exclusion from school.

_____ _____
Signature of Parent/Guardian or Student if ≥ 18 years Date

Section 3: For School Official Use Only: Please provide date and signatures and distribute copies as outlined below.

_____ _____
School Nurse Signature Date

_____ _____
School Administrative Head Signature Date

White Copy: Daycare/Preschool/School/College / Yellow Copy: Parent/Guardian/Student / Pink Copy: Mail to: Rhode Island Department of Health♦ Immunization Program♦ 3 Capitol Hill♦ Room 302♦ Providence RI 02908 / Gold Copy: Health Care Provider (2009)

Note: In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM),* (http://www.rules.state.ri.us/rules/, it is the responsibility of the administrative head of the of the daycare, preschool, school or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.

IMMUNIZATION EXEMPTION LOG

School Year Date: _____

INSTRUCTIONS:

1. Use this form as a quick reference to keep track of children in your daycare/school that are exempt from required vaccinations.
2. Check type of exemption—check (✓) box under "Permanent" if the exemption is religious or medical. If the exemption is temporary, record the expiration date in box.
3. Check the type of exempt vaccine (s).

#	1. Student Name	2. Exemption Type		3. Vaccines							
		Permanent	Temporary	Hep B	DTaP	IPV	HIB	PCV	MMR	Varicella	Td
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

Parent Education Information
&
Vaccine
Information
Statements
(VIS)

For other languages go to:
www.immunize.org

FACTS TO CONSIDER WITH UNPROTECTED CHILDREN

1. **Without immunizations your child is at a greater risk of catching one of the vaccine-preventable diseases:**

   Vaccines were developed to protect individuals and others around them from dangerous and sometimes deadly diseases. Children should be vaccinated because vaccines are safe and effective, and these diseases are still a threat.

2. **Without immunizations your child can infect others:**

   - Children who are not immunized can spread vaccine-preventable diseases throughout the community
   - Unvaccinated people can pass diseases on to babies who are too young to be fully immunized
   - Unvaccinated people put other people who can not be vaccinated for medical reasons at risk of getting disease. This includes people with leukemia and other cancers, HIV/AIDS and other immune system problems, and persons receiving chemotherapy, radiation therapy, or large doses of corticosteroids.

3. **Without immunizations your child may have to be excluded at times from school or childcare:**

   - During disease outbreaks, unimmunized children may be excluded from daycare, or schools until the outbreak is over, both for their own protection and for the protection of others

Reliable Sources of Immunization Information for Parents

Rhode Island Department of HEALTH
www.health.ri.gov

Health's Information Line: 1-800-942-7434

CDC's National Immunization Program
www.cdc.gov/nip
The National Immunization Program provides leadership for the planning, coordination, and implementation of immunization activities nationwide.

Childhood Immunization Support Program (CISP)
www.cispimmunize.org
Created by the American Academy of Pediatrics, this is an immunization website for parents and health professionals.

Immunization Action Coalition
www.immunize.org & **www.vaccineinformation.org**
IAC is a nonprofit organization that promotes immunization for all people against vaccine-preventable diseases. These websites offer educational pieces, photos, and video clips for parents, health professionals, the media, and the public.
Nat'l Network for Immunization Information

CDC's Immunization Information Hotline
A toll-free number for consumers and health professionals who have questions about vaccine-preventable diseases.
English: (800) 232-2522; Spanish: (800) 232-0233; TTY: (800) 243-7889 (teletypewriter)