

**Parents of incoming Kindergarten students:**

**IMPORTANT HEALTH INFORMATION**

- Please submit your child's immunization record to the school as soon as possible for the start of the school year. If your child has a summer birthday, schedule your appointment now and let the school know when they can expect the records.

All incoming kindergarten students must be in compliance with the School Immunization Law [Minnesota 121A.15]. Information about the School Immunization Law is available on the district website, [www.district196.org](http://www.district196.org), under Health Services.

***Your child will not be permitted to attend school until the school nurse receives and reviews proof of compliance with the state immunization laws.***

- Please complete the parent section of the Health History & Physical Examination Form and have your child's physician complete the lower portion and submit to the main office.

If your child has any medical concerns, please be in contact with the school nurse **prior** to the start of the school year.

**Return the following forms to the main office:**      **Immunization Record**  
**Health History and Physical**

Thank you,

Beth M. Reilly, BAN, RN

Licensed School Nurse

[Beth.reilly@district196.org](mailto:Beth.reilly@district196.org)

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 501.5.5.2P Adopted February 1998 Revised January 2014

Title Notification of Immunization Law Requirements for Incoming Kindergarten Students

Date:

Dear parent/guardian of a future kindergarten student,

As you prepare your child for kindergarten, we want to inform you about some very important state immunization requirements for children which **must be met in order for your child to attend school beginning with the first day of the school year.**

**Complete the attached District Procedure 501.5.2P, Student Immunization Form and return it to your child's school as soon as possible.**

**Minnesota law requires ONE of the following in order to attend school:**

- A month-day-year record of required immunizations, signed and submitted by parents, or
- A signed statement from a physician or clinic stating the child has had at least one dose of each vaccine and is in the process of completing the series, or
- A notarized statement of conscientious objection or a physician's signature stating medical exemption to vaccination.

**The immunization requirements for children ages 6 years and younger are:**

- 5 DTaP, DTP (Tetanus, Diphtheria and Pertussis);
- 4 Polio;
- 3 Hep B (Hepatitis B);
- 2 MMR (Measles, Mumps and Rubella), and
- 2 Varicella (Chicken Pox)\*.

\*Proof of disease requires a provider's signature.

**If you meet any one of the following Minnesota Vaccines for Children (MnVFC) eligibility criteria, you may call Dakota County Public Health (952-891-7999) to receive low-cost vaccinations (There is no charge for the vaccine for children meeting the criteria listed below):**

- You are uninsured;
- You are enrolled in Minnesota Medical Assistance (MA), Minnesota Care (MnCare) or Prepaid Medical Assistance Program (PMAP);
- You are an American Indian or Alaskan Native, or
- You have health insurance that does not cover the cost of the vaccine.

***Your child will not be permitted to attend school until the school nurse receives proof of compliance with the state immunization law.***

We appreciate your timely attention to this important matter. If you have any questions, please call the school nurse.

Sincerely,

Principal

School Nurse

Health History and Physical Examination Form  
Independent School District 196-Rosemount, Apple Valley, Eagan

Student's Name \_\_\_\_\_  
 Last First Middle Date of Birth \_\_\_\_\_  
 Month/Day/Yr

Parent/Guardian Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Significant Past Health history or present illness: \_\_\_\_\_

**Parent/Guardian:** Please complete this section **Health History** **Black Ink** Please print

		Yes	No	Remark	Yes	No	Remark
Allergies (Specify)							
Asthma							
Diabetes							
Visual Difficulty							
Seizures							
Speech Difficulty							
Emotional Difficulty							
Physical Handicap							
Surgery (Specify/dates)							
Other:							

**Preschool Screening**  
 Done in District, 196? Yes  No   
 IEP Yes  No   
 Please use this space for any concerns or special needs your child may have at school:  
 \_\_\_\_\_  
 Would you like to have an appointment with the school nurse Yes  No

**Physician:** Please complete the sections below:  
 Height \_\_\_\_\_ in Weight \_\_\_\_\_ lb BMI \_\_\_\_\_ Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected  Yes  No

	Normal		Abnormal		Remarks
	Right	Left	Right	Left	
Hearing					Abdomen
Skin					Genito-Urinary
ENT					Neurological
Dental					Nutrition
Heart					Speech
Lungs					Emotional
Varicella Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>				Allergies: Please list:

**Medications and treatments to be administered at school:**  
 \_\_\_\_\_

Is there a condition that may result in an emergency situation  Yes  No  Please explain:  
 \_\_\_\_\_  
 Is there a condition that may limit participation?  Yes  No

Physician Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 Physician Name (print or type) \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

# Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 - 24 months		At Kindergarten		At 7th grade		At 12th grade	
Hepatitis B										
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)										
<i>Haemophilus influenzae</i> type b (Hib)										
Pneumococcal (PCV)										
Polio										
Measles, Mumps, Rubella (MMR)										
Chickenpox (varicella)										
Hepatitis A										
Tetanus, Diphtheria, Pertussis (Tdap)										
Meningococcal (MCV4)										

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.



**DEPARTMENT OF HEALTH**  
 Immunization Program (2019)  
[www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize)

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me

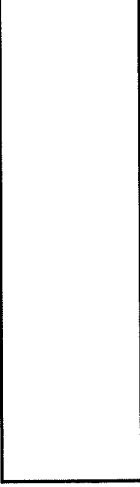
on \_\_\_\_\_ (date)

by \_\_\_\_\_

(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp



STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

- 3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:
  - Provide easier access for you and your school to check immunization records, such as at school entry each year.
  - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.
- Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.
- I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(of parent/guardian)