No Shots, No School for Students Entering 7th Grade

Dear Parent/Guardian,

Minnesota Immunization Law (M.S.121.A15) requires all students entering seventh grade to submit proof of having received:

- A booster for tetanus, diphtheria and pertussis (Tdap), given after their 7th birthday;
- A second dose of MMR (measles, mumps, and rubella vaccine);
- At least one dose of Hepatitis B vaccine (HBV or Hep B) to be followed by one or two remaining doses (depending on the vaccine utilized) to be completed within 8 months;
- A second dose of Varicella (Chickenpox) vaccine or documentation of disease history by health care provider; and
- Meningococcal (Meningitis) vaccine **New requirement began Fall 2014**

Please check your child’s health records and make an appointment with your clinic for additional immunizations if needed. These requirements can be waived for medical reasons or for conscientiously opposed belief. Written proof is required to claim an exemption. Please see the district’s website for information on exemptions and the form to be submitted. If you do not have a regular source for health care, you may contact the Hennepin County Community Health Department at 612-348-2884 to receive vaccine information. Documentation of immunizations can be provided using the form below. Please return or fax this form the Health Office in your child’s Middle School by August 1 to allow for processing time before the start of school. Your child will not be admitted to school in the fall without these records. If you need more information on these requirements or have a general question on the law, you may contact:

**Central:** Irene Merz, RN, LSN, CNP
District Nurse, 763-745-6619
Denise Tauer, Health Paraprofessional, 763-745-6015
Fax 763-745-6091

**East:** Angie Dubbs, RN, LSN
District Nurse, 763-745-5746
Dani Emry, RN, Health Paraprofessional, 763-745-6215
Fax 763-745-6291

**West:** Lynda Lankford, RN, LSN
District Nurse, 763-745-6451
Michele Freng, Health Paraprofessional, 763-745-6415
Fax 763-745-6491

**Parents: Please record date of immunization and return this form to the Health Office**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>School</th>
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<tbody>
<tr>
<td>Medical Provider</td>
<td>Phone Number</td>
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<td>____</td>
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**Date of last vaccination (month/day/year)**

- Tetanus, Diphtheria and Pertussis (Tdap) ____/____/____
- Measles, Mumps, & Rubella (MMR) first ____/____/____ second ____/____/____
- Hepatitis B (HBV) ____/____/____ ____/____/____ ____/____/____ ____/____/____ Meningococcal (MCV, MPSV) ____/____/____
- Varicella (Chickenpox) (VAR) ____/____/____ ____/____/____ or history of disease ____/____ (mo./yr.)

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<thead>
<tr>
<th>Medical Provider Signature</th>
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<tbody>
<tr>
<td>Parent Signature</td>
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