



Maud Public School
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Dear Parents of Seventh Grade Students,

Beginning in the Fall 2011 school semester, the Oklahoma State Board of Health added a vaccine requirement for seventh grade students. All seventh grade students must show proof of having received one dose of Tdap (tetanus, diphtheria and pertussis) vaccine before attendance is allowed. To meet this requirement, an immunization record must be provided to the school showing the date your child received the vaccine and a signature or stamp of the doctor or clinic that provided the vaccine. If your child has already received this dose, he or she will not be required to receive it again. Please bring the record with you when you pre-enroll or enroll your child for the seventh grade. Parents may also request and complete an immunization exemption form for valid medical, religious or philosophical concerns. These forms may be requested from the school.

Tdap vaccine is considered a booster to the DTaP (diphtheria, tetanus and pertussis) vaccine that is required for Kindergarten entry. Tdap vaccine provides continued protection to students from three diseases: tetanus (lockjaw), diphtheria, and pertussis (whooping cough). Whooping cough has been on the rise in the U.S., especially among pre-teens and teenagers 10 through 19 years of age and children under 5 years of age. All of these diseases can have very serious consequences including death.

Tdap vaccine is available from your doctor, clinic or healthcare provider and is covered by most health insurance plans. All county health departments also provide Tdap vaccine, especially for children who do not have health insurance. Please contact your healthcare provider or local health department to schedule an appointment or to find out the hours when vaccines are given. Two other vaccines are also recommended for all adolescents at 11 – 12 years of age: meningococcal vaccine (MCV4) and human papillomavirus vaccine (HPV). Although neither of these vaccines are required for school entry, you are encouraged to ask your doctor or healthcare provider about these vaccines when your child receives the Tdap vaccine.

For more information about Tdap vaccine, HPV vaccine, and MCV4 vaccine please contact the Oklahoma State Department of Health Immunization Service at (405) 426-8580 or you may find more information online, Vaccines for School (oklahoma.gov). Thank you for your cooperation in keeping our students protected.

Thank you,

Stephen Harris

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

FORM REQUIRED: Children enrolled in School, Child Care or Head Start.

FORM NOT REQUIRED: Children *not* enrolled in School, Child Care or Head Start.

- This form must be fully completed and signed.
- This form must be submitted to Immunization Service.
- The School, Child Care Facility or Head Start will keep a copy of the completed form.
- Parent understands that lost records are not grounds for an exemption.

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption may be submitted to the
Oklahoma State Department of Health Immunization Service either directly or through the local school.*

Revised Jan 2024.

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI)		Birth Date	Birth Country	Birth State					
Parent or Guardian's Name		Mother's Maiden Name	Parent's Street Address						
County	City	State	Zip Code	Parent Phone Number					
Name of School, Child Care Facility or Head Start		School District	School Year	School Grade	Facility Phone Number				
Race (select up to 3):		Ethnicity (select 1):		Child's Gender:					
<input type="checkbox"/> Alaskan Native or American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Female

TYPE OF EXEMPTION

(Complete either section 1, 2 or 3 and sections 4 & 5)

1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above-named child.

Immunization(s)	State the condition that would endanger the life or health of the child.
Printed name of Physician	Signature of Physician
Address of Physician	Phone number of Physician

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed name of Religious Leader or Parent/Guardian	Signature of Religious Leader or Parent/Guardian
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3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above-named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. **I understand that lost records are not grounds for an exemption.**

REQUIRED: Summary of Objections: (Limited to 600 characters.)

4. Please check which immunizations this exemption applies to:

- | | | |
|--|---|---|
| <input type="checkbox"/> DTaP/Td/Tdap
(Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib
(Haemophilus Influenzae type B) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR
(Measles, Mumps and Rubella) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> All |

5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
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ATTENTION: Please submit this completed form to the Immunization Service.

Oklahoma State Department of Health
Immunization Service
123 Robert S Kerr, Suite 1702
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

ODH Form 216-A (Revised 03/23)

For Questions Call: 405-426-8580

Oklahoma State Department of Health

For forms, visit: <http://imm.health.ok.gov>