



**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"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino		

## 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>



# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*, also called meningococcus. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis.

## How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

## Who is at risk of getting this disease?

Some groups of people have a higher risk of meningococcal disease, such as first year college students living in dormitories or new military recruits living in barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease. Infants are at highest risk, but rates decrease after infancy and then increase in adolescence and young adulthood.

## What are the symptoms?

Ten percent or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called "asymptomatic carriage". Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococcemia. As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck, and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

## How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

## What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone, are used to treat meningococcal disease.

## Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that person's respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal illness. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

**Is there a vaccine to prevent meningococcal disease?**

Three types of meningococcal vaccines are available in the United States. They are effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. An additional vaccine is now available that protects against serogroup B, but is currently only licensed for high-risk children over ten years of age. Consult with your healthcare provider or the local health department about receiving the vaccine.