Brunswick School Department 46 Federal Street, Brunswick, Maine 04011

IMMUNIZATION REQUIREMENTS

<u>DOSES</u>	<u>IMMUNIZATION</u>	
5 4 2	DTaP (4 doses if 4th dose given after 4th Polio vaccines (3 doses if 3rd dose given MMR (1st dose on or after 1st birthday) Chickenpox (proof of immunity can be ways): 1. A note or health record from child has had chickenpox 2. A valid Immunization Record had the chickenpox vaccine 3. Results of a blood test that simmune to chickenpox	n after 4th birthday) shown in one of three n your doctor showing your showing your child has
not attend school	oes not meet these requirements within 90 of the policy of the school or present one of the following.	ization dates to the school
	rsician's written statement that immunization isable	is medically inadvisable
	tten statement each year stating an oppositi use of a sincere religious, moral, philosophica	
Student Name:		Date:
Parent/Guardian	n Name (please print):	
Parent/Guardian	n Signature:	
Immuniz	ation Record attached	
Immuniz	ation Record NOT attached	

Revised 12/2010