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 birthday) Polio vaccines (3 doses if 3rd dose given after 4th birthday) MMR (1st dose on or after 1st birthday) Chickenpox (proof of immunity can be shown in one of three ways): 1. A note or health record from your doctor showing your child has had chickenpox 2. A valid Immunization Record showing your child has had the chickenpox vaccine 3. Results of a blood test that shows your child is immune to chickenpox
not attend sch	oes not meet these requirements within 90 days of registration may ol. You must bring documentation of immunization dates to the school art of school or present one of the following:
A physician's written statement that immunization is medically inadvisable	
	tten statement each year stating an opposition to immunization use of a sincere religious, moral, philosophical or personal reason
Student Name:	
Parent/Guardi	n Name (please print):
Parent/Guardi	n Signature:
Immun	ration Record attached
Immun	ation Record NOT attached

Revised 12/2010