

HOLY CROSS ACADEMY

Tdap Form

Certification of Immunization

Section I

To be completed and signed by a physician, registered nurse, or Health Department official.

See Section II for conditional enrollment and exemptions.

Virginia State law (Code of Virginia 32.146) requires all seventh grade students to receive a booster tetanus, diphtheria, pertussis (Tdap) vaccine prior to entering school. A copy of an immunization record signed by a Medical Provider or Health Department official indicating the dates of administration including month, day, and year of the required vaccine shall be acceptable in lieu of recording these dates on this form. If this form is used it must be signed and dated by the Medical Provider or Health Department official in the appropriate box.

Student's Name: Last First Middle Date of Birth: Mo. Day Yr.

Table with 2 columns: IMMUNIZATION, RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN. Row 1: *Tdap booster (7th grade entry), MO/ DAY/ YR.

I certify that this child is ADEQUATELY IMMUNIZED IN ACCORDANCE WITH Virginia State law (Code of Virginia 32.146) WHICH REQUIRES A Tdap BOOSTER FOR STUDENTS ENTERING 7TH GRADE.

Signature of Medical Provider or Health Department Official: Date (Mo., Day, Yr.):

Name of Medical Provider or Health Department Official:

Address:

Telephone #: Fax #:

Section II Exemptions

Student's Name : Date of Birth:

MEDICAL EXEMPTION: As specified in the Code of Virginia § 22.1-271.2, C (ii), I certify that the administration of the vaccine designated below would be detrimental to this student's health. The vaccine is specifically contraindicated because (please specify):

Tdap: [] This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.):

Date (Mo., Day, Yr.):

Signature of Medical Provider or Health Department Official:

RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit or a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

CERTIFICATE OF RELIGIOUS EXEMPTION

Student's Name: Last First Middle Date of Birth: Mo. Day Yr.

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine preventable disease in my child's school, the State Health Commissioner may order my child's exclusion from school, for my child's own protection, until the danger has passed.

Signature of parent/guardian/student Date

I hereby affirm that this affidavit was signed in my presence on this day of

Notary Public Seal Registration # (Signature)