

South Portland School Department  
Office of the School Nurses

Immunization Alert\_\_\_\_\_ Exclusion Notice\_\_\_\_\_

Student Name:\_\_\_\_\_ School:\_\_\_\_\_ Grade:\_\_\_\_\_

Dear Parent/Guardian:

This letter is to alert you to a\_\_\_\_\_ possible exclusion from school in the future or  
\_\_\_\_\_ a need to exclude your child now due to another student's  
diagnosis. Earliest Return date:\_\_\_\_\_

Since we have no proof of immunity to CHICKENPOX (Varicella) on file at school for your son or daughter, in the event of an outbreak of chickenpox, we will be told by the Maine Centers For Disease Control that your child would be unable to attend school for several days to weeks. This has happened in schools already. If Additional students develop Varicella, the return date will be extended. A signed waiver will not prevent this exclusion to prevent contagion.

Your child is required to have one of the following:

- A note from the student's health care provider stating that your child has had chickenpox.
- Documented date that your child had the varicella (chickenpox) vaccine.
- A signed parental/guardian waiver form or letter, that indicates your sincere religious belief or philosophical reason for not immunizing your child.(A signed waiver will not prevent this exclusion to prevent contagion)
- A letter from your child's healthcare provider explaining the medical reason for not getting immunized. ( A signed waiver will not prevent this exclusion to prevent contagion)

The goal of the requirement is to help protect your child and all children attending school against disease. For more information on how these changes affect your child, please contact your school nurse or your healthcare provider. Your health care provider may require immunization if there is not enough evidence that your child has had chickenpox disease. For children needing vaccination, those 13 years of age or older will require 2 doses of varicella vaccine; those under 13 years will require one dose. Please provide a copy of the immunization documentation date to your school nurse to keep school health records up to date.

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**For Health Care Provider's Use Only**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- |  |             |
|--|-------------|
| <input type="checkbox"/> This student has a certified reliable history of chicken pox. | Date: _____ |
| <input type="checkbox"/> This student has received the varicella vaccine.              | Date: _____ |
| <input type="checkbox"/> This student has serologic proof of varicella immunity.       | Date: _____ |
| <input type="checkbox"/> Medical Exclusion.  | Date: _____ |

Date: \_\_\_\_\_ Signature of Physician/HealthCare Provider: \_\_\_\_\_

Please send all information to: School: \_\_\_\_\_

Fax # \_\_\_\_\_

Attn: School Nurse

**SOUTH PORTLAND SCHOOL DEPARTMENT**  
**Health Services**  
**South Portland, Maine 04106**

**Immunization Exemption Form**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

As parent / guardian of the above named student, I am requesting a waiver for the following immunizations:

(Please check all that apply)

All required immunizations:

Specific immunizations:

DTAP

IPV/OPV

MMR

Varicella

I understand that in the case of an outbreak of the specific disease, for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with school work.

I am requesting a waiver for:

(Please check)

Religious Belief

Philosophical Beliefs

Medical Reasons (must have explanation documented by physician)

My explanation is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_