Durham-Freeport-Pownal
Health Requirements
(A signature is required on all Registrations for Kindergarten & Transfer Students)

Name of Student ___________________________________________ Entering Grade__________

Maine law states upon enrollment you must bring a physician's copy of the student’s current IMMUNIZATION RECORD with documented vaccine dates.

# Doses IMMUNIZATION REQUIREMENTS
5 DPT (4 If the 4th dose is given after the 4th birthday)
4 OPV (3 If the 3rd dose is given after the 4th birthday)
2 MMR (1st dose is given on or after the 1st birthday)
1 Chicken Pox (vaccine date, disease date, or blood test)

New Requirements:

1 TDAP (For those students entering the 7th grade)
2 MCV4 (1st dose entering 7th grade & 2nd by 12th grade)

A Student who does not meet these requirements MAY NOT ATTEND SCHOOL until they provide a signed EXEMPTION FORM with one of the following:

- A physician’s written statement that immunization may be medically inadvisable. This Exemption from must be completed and signed annually.
- A parent/guardian written statement of opposition to immunization because of philosophical reasons or sincere religious beliefs. This must be completed and signed annually.

School Policy also requires:
1. A HEALTH HISTORY FORM Pre-K, Kindergarten and all Transfer Students
2. An ANNUAL HEALTH HISTORY UPDATE FORM completed by all students 1st -12th
3. A PHYSICAL EXAM FORM completed by the student’s physician for students entering Pre-K, Kindergarten, 3rd, 6th, 9th & 11th Grades and all Transfer Students.

I understand that I am giving written assurance that my child will be immunized within 90 days of enrolling in school or his/her first day of school whichever is earlier or I will have completed a written exemption form with my stated exemption, in writing, for my child. This 90 day option is available only once to each student during their school career. In subsequent years I understand that my child’s immunizations will be current or my written exemption completed and provided to the school on the first day of the school year.

_________________________________________________________ _______________________
Signature of Parent/Guardian Date

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