

Durham-Freeport-Pownal Health Requirements

Health Requirements
(A signature is required on all Registrations for Pre-K, Kindergarten & Transfer Students)

Name of Student		Entering: Pre	Entering: Pre-Kindergarten	
	_	on enrollment you must bring a physician's copy ATION RECORD with documented vaccine da		
# Doses 4	DPT	IMMUNIZATION REQUIREMENTS		
3	OPV			
1	MMR	(1st dose is given on or after the 1st bir	thday)	
1	Chicke	en Pox (vaccine date, disease date, or bl	ood test)	
		neet these requirements MAY NOT ATTEND STORM with one of the following:	SCHOOL until they	
Exer • A pa <i>phil</i>	nption fro rent/guar	written statement that immunization may be <i>medically i</i> m must be completed and signed annually. dian written statement of opposition to immunization be reasons or sincere religious beliefs. This must be comp	ecause of	
2. A PHYSIC	H HISTO CAL EXAL	nires: PRY FORM for all students annually Pre-School - M FORM completed by the student's physician fo en, 3 rd , 6 th , 9 ^{th,} & 11 th Grades and all <u>Transfer Stu</u>	or students entering	
days of enrolling completed a writ 90 day option is a years I understar	in schoo ten exem available ad that m	ing written assurance that my child will be immul or his/her first day of school whichever is earlied uption form with my stated exemption, in writing only once to each student during their school cate y child's immunizations will be current or my wrother school on the first day of the school year.	er or I will have g, for my child. This reer. In subsequent	
	Signatı	ure of Parent/Guardian	Date	