IMMUNIZATION CERTIFICATION STATEMENT

At the time of first admission to any public school within this district, and before attendance, the parent, custodian, or guardian shall provide an immunization record signed by a licensed health care professional for each child. Immunizations shall be in accordance with the schedule set forth below, unless fewer doses are medically recommended and documented by a physician.

DEFINITIONS

Immunization Record. An electronic medical health record, an immunization registry document, or a written immunization certificate confirmed by a licensed health care professional or a physician’s representative which states the month, day, and year of each immunization a person has received.

Laboratory Proof. A certificate from a licensed medical laboratory stating the type of test performed, the date of each test, and the results, accompanied by a physician’s statement indicating the child is immune.

Licensed Health Care Professional. A practitioner, licensed in the State of Idaho by the Board overseeing the practitioner’s license, or by a similar body in another state or jurisdiction within the United States. The practitioner’s scope of practice for licensure must allow for the ordering of immunizations and writing of prescriptions, or the practitioner must be under the direction of a licensed physician. Licensed health care professionals who may provide for immunization requirements include: medical doctors, osteopaths, nurse practitioners, physicians’ assistants, licensed registered nurses, and pharmacists. Other persons authorized by law to practice any of the healing arts shall not be considered licensed health care professionals for purposes of this policy.

Parent, Custodian or Guardian. The legal parent, custodian, or guardian of a child or those with limited power of attorney for the temporary care or custody of a minor child.

Physician’s Representative. Any person appointed by, or vested with authority to act on behalf of a physician in matters concerning health.

School Authority. An authorized representative designated by the Board of Trustees of this school district.
REQUIRED IMMUNIZATIONS

Immunizations required and the manner and frequency of their administration shall be as prescribed by the state board of health and welfare and shall conform to recognized standard medical practices in the state (Idaho Statutes 39-4801).

SCHEDULE OF INTENDED IMMUNIZATIONS

A student who has received at least one (1) dose of each required vaccine and is currently on schedule for subsequent immunizations may be conditionally admitted. A statement must be received from a parent/guardian of any student who is not immunized, excepted or exempted, and who based on the ACIP recommendations is in the process of receiving, or has been scheduled to receive, the required immunizations. The statement must be provided to the school at the time of first admission and before attendance providing the following information:

1. Name and date of birth of the student;
2. School and grade in which the student is enrolled and attending;
3. Types, numbers, and dates of scheduled immunizations to be administered;
4. Signature of the parent, guardian or custodian providing the information; and
5. Signature of a licensed health care professional providing care to the student.

If a student is admitted to school and fails to continue the schedule of intended immunizations, that student will be excluded from school until documentation is presented to school authorities by the student’s parent, custodian or guardian setting forth the administration of the required immunization(s).

EXCEPTIONS TO IMMUNIZATION REQUIREMENT

When supporting documentation is in the possession of school authorities at the time of admission and before attendance, a student who meets one (1) or both of the following conditions will not be required to receive the required immunizations in order to attend school:

1. **Laboratory Proof.** A student with laboratory proof of immunity to any of the childhood diseases identified above will not be required to receive the immunization for that disease for which the student is immune.

2. **Disease Diagnosis.** A student who has a statement signed by a licensed health care professional stating that the student has had varicella (chickenpox) disease diagnosed by a licensed health care professional upon personal examination will not be required to receive the immunization for the diagnosed disease.
3. **Suspension of Requirement.** The Regulatory Authority may temporarily suspend one (1) or more of the immunization requirements. The Regulatory Authority will suspend a requirement for the length of time needed to remedy the vaccine shortage or emergency situation.

**EXEMPTION FROM IMMUNIZATION**

A student who supplies documentation to the district at the time of admission and before attendance of one (1) or both of the following conditions is not required to receive the required immunizations:

1. **Life or Health Endangering Circumstances.** A signed statement of a licensed physician that the student’s life or health would be endangered if any or all of the required immunizations are administered.

2. **Religious or Other Objections.** A signed statement of the parent, custodian, or legal guardian that must be either:
   
   a. On a standard form of the Idaho Department of Health and Welfare or similar form provided by the school district; or
   
   b. A signed statement that includes:
      
      i. The name and date of birth of the student;
      
      ii. A statement indicating that the student is exempt from immunization as provided by this policy and Idaho law for religious or other objections; and
      
      iii. The signature of the parent, custodian, or legal guardian.

**EXCLUSION FROM SCHOOL**

A student not in compliance with this policy upon first admission in preschool or in kindergarten through grade twelve (K-12) will be denied attendance by this district, unless the student is excepted or exempted as provided herein. Any student denied attendance will not be allowed to attend any schools within this district until he or she is in compliance with this policy. The Idaho Department of Health and Welfare may exclude any student who has not been immunized in accordance with Idaho law and may also exclude any exempted student in the event of a disease outbreak.

This district will exclude from school, students who are diagnosed or suspected of having a contagious or infectious disease and students who have been exposed to contagious or infectious diseases for which they have not been immunized based on the local Health Department recommendations. This district will also close school on order of the state board of health or the local health authorities.
REPORTING REQUIREMENTS

A copy of a report of each school’s immunization status, by grade, will be submitted to the Idaho Department of Health and Welfare on or before November 1 of each school year. The following information shall be reported on a state form or electronically:

1. School and enrollment identification information including:
   a. Inclusive dates of reporting period;
   b. Name and address of school, district and county in which located;
   c. Grade being reported and total number of students enrolled in each grade; and
   d. The name and title of the person completing the report form.

2. Total number of students enrolled and attending school in each grade who:
   a. Meet all of the required immunizations;
   b. Do not meet all of required immunizations, listed by specific immunization type;
   c. Do not meet the immunization requirement but are in the process of receiving the required immunizations; or
   d. Have claimed an exemption to the required immunizations.

LEGAL REFERENCE:
Idaho Code Sections
33-512(7)
39-4801
39-4802
39-4803
IDAPA 16.02.15

ADOPTED: 04/10/07

AMENDED: 05/14/13, 06/09/15, 06/14/16, 06/12/18, 09/10/19