

## Union County Public Schools North Carolina Immunization/Health Assessment Law Information

Every parent, guardian and person or agency, whether governmental or private, with legal custody of a child shall have the responsibility to ensure that the child has received the required immunizations at the age required by law. It shall be the responsibility of the parent to provide a complete immunization record of each school age child to the school not later than 30 calendar days after the child enters school *or the child will be suspended* from school until such time as a valid complete immunization record can be provided to the school. Please review your child's record to assure that it meets N.C. Immunization Law requirements.

General Statute 130A-152 through 130A-157 states in part that each child's immunization record must have the dates of each immunization and the specific immunizations. The following is a description of the requirements:

If a child enrolled in kindergarten or 1<sup>st</sup> grade for the first time after 7/1/94, but before 7/1/99:

- 5 DTP                      last dose on or after 4<sup>th</sup> birthday
- 4 Polio                    3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                        at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR                     1<sup>st</sup> dose on or after 1<sup>st</sup> birthday

If child enrolled in kindergarten for the 1<sup>st</sup> time after 7/1/99, but before 7/1/2015:

- 5 DTP                      last dose on or after 4<sup>th</sup> birthday
- 4 Polio                    3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                        at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR                     1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B            last dose not before 24 weeks of age
- 1 Varicella                before school entry

If child enrolled in kindergarten for the first time after 7/1/15:

- 5 DTP                      last dose on or after 4<sup>th</sup> birthday
- 4 Polio                    3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                        at least 1 Hib on or after 1<sup>st</sup> birthday and before 5 years of age
- 2 MMR                     1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B            last dose not before 24 weeks of age
- 2 Varicella                before school entry (history of chickenpox disease must be documented by a provider)

Additional requirements beginning 7/1/2015:

- 1 Tdap                      before entry into 7<sup>th</sup> grade (this booster dose is required if no Tdap given since age 10)
- 1 Meningococcal        before entry into 7<sup>th</sup> grade (this booster dose is required if no MCV given since age 10)

Any medical exemption must be in writing from a physician and must state the basis for the exemption pursuant to G.S. 130A-156.

### North Carolina Health Assessment Law

G.S. 130A-440 states that every child in the State entering N.C. public schools for the first time shall receive a health assessment. The health assessment shall be made no more than 12 months prior to the day of school entry. The parent, guardian, or responsible person shall have 30 calendar days from the first day of school to present the required health assessment form for the child.

Please feel free to call the School Health Office @ 704-296-0845 to speak with a school nurse if you have questions about the North Carolina Immunization Law or Health Assessment Law.

I am aware that my child's complete immunization record/Health Assessment is due at my child's school within 30 calendar days of today's date or he/she will not be allowed to continue in school until such time as a valid immunization record and Health Assessment can be provided to the school. I realize that this responsibility is that of the parent/guardian, not that of the former school. A health assessment form is required for my child if he/she is entering NC public school for the first time.

\_\_\_\_\_ Student's Name

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

\_\_\_\_\_ Enrollment Date

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date