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Barney Heath,
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ESP Immunization Record – Students & Staff Under the Age of 18

In accordance with state regulation, ESP will maintain an immunization record for each student, as well as for all staff members, who are under the age of 18.

Required Immunizations

All students and full time staff members under the age of 18 must supply the following written documentation of immunization or alternate proof of immunity:

1. Measles, Mumps, and Rubella (MMR) Vaccine. At least one dose of MMR vaccine(s) at or after 12 months of age or there must be proof of laboratory evidence of immunity;
2. Polio Vaccine: At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IVP and OPV), a total of four doses is required;
3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine: At least four doses of DTaP/DTP/DT/Td are required. (The Pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult-type toxoid (Td) is required if more than ten years have elapsed since the last dose;
4. Hepatitis B: For anyone born on or after January 1, 1992 three doses of Hepatitis B vaccine are required.

Student/Staff Name: _____

Home Address: _____

Home Tel. Number: _____

Name(s) of Student's/Staff's Parent(s)
or Guardians: _____

Address of Student's/Staff's Parent(s)
or Guardians: _____

Tel. No. of Student's/Staff's Parent(s)
or Guardians: _____

Student's/Staff's Date of Birth: _____

Itemized List of Immunizations in Accordance with Requirements:

8. DATE OF MOST RECENT TETANUS BOOSTER: ____ / ____ / ____

9. Is your child taking any medication? ____ yes ____ no

If yes

NAME OF MEDICATION _____

REASON _____

DOSAGE _____

TIME/S AND HOW TO BE TAKEN _____

10. Does your child have a history of allergies? ____ yes ____ no

If yes, please explain. _____

11. Is your child allergic to bees? ____ yes ____ no

If yes, to what extent? _____

12. Has your child had any recurring knee, foot, or ankle problems, or any injury to his/her muscles, joints or bones during the past year? ____ yes ____ no

If yes, please explain. _____

13. Please notify us if your child has any other problems we should be aware of, such as phobias, car sickness, bedwetting, bronchitis, sleepwalking, nightmares, etc.

SPECIAL ACTIVITIES PERMISSION FORM

1. I { ____ grant/ ____ do not grant } permission for my son/daughter to go swimming during the program. I understand that he/she will be supervised. He/she is a:

- _____ a non swimmer
- _____ a beginning swimmer
- _____ an intermediate swimmer
- _____ a strong swimmer

2. I { ____ grant/ ____ do not grant } permission for my son/daughter to participate in supervised program bicycle trips. I understand that he/she will be required to wear a helmet and follow program bike safety rules.

He/she is:

- _____ a beginning-level bicycler
- _____ an intermediate bicycler
- _____ a strong bicycler

3. I { ____ grant/ ____ do not grant } permission for my son/daughter to go in a boat, or canoe, under supervision, to collect data samples.