

RALEIGH COUNTY SCHOOLS – ORANGE IMMUNIZATION CERTIFICATE GRADES 6-12

FULL NAME

DATE OF BIRTH

SCHOOL

*TDAP _____

7th GRADE REQUIREMENT: Proof of booster dose of Tdap vaccine and proof of 1st dose of MCV vaccine prior to entry into 7th grade .

NO PROVISIONAL ENROLLMENT PERMITTED

*MCV _____

12TH GRADE REQUIREMENT: Proof of booster of Tdap vaccine and MCV vaccine prior to entry into 12th. One or two doses required. Second dose of the MCV is indicated and required IF the first dose was received before the 16th birthday. Student newly joining school at age 13, 14,15 and who has not been previously vaccinated with MCV must receive the MCV and must also show proof of a booster shot on or after age 16 and prior to entry into 12th grade. If new enterer, at age 16 or older and not previously vaccinated will not be required to show proof of booster prior to entry into 12th grade.

NO PROVISIONAL ENROLLMENT PERMITTED

Please see WV Code 16-3-4 and 64CSR95 for further information

Note: TB skin test / risk assessment is required for students entering school from outside of the United States.

Skin Test _____ Pos _____ Neg _____ CXR Date & Results _____ BCG _____

Any parent requesting a medical exemption for their child must follow the process detailed in WV State Code. A physician must request the exemption and it must be approved by the Commissioner for the WV Bureau for Public Health. WV does not allow for religious exemptions. The process and required documents for medical exemptions can be found at: <https://oepe.wv.gov/Pages/Medical-Exemptions-Information.aspx>

Physician/Provider

I have reviewed the available records and to the best of my knowledge the above named student has been adequately immunized for school admission per the requirements of WV Law for School Attendance.

Provider Signature

Date

Phone Number

I, School Nurse, have reviewed the records available and to the best of my knowledge the above named student has be adequately immunized for school admission per the requirements of West Virginia Law 16-3-4 for School Attendance.

School Nurse Signature _____ Date _____

Revised 3/2022