



2023-2024 Maine School Age Immunization Assessment Survey

WELCOME

Welcome to the 2023-2024 School Age Immunization Assessment Survey.

*******Survey will be closed after December 15, 2023*******

Maine law (20A M.R.S.A. 6358, Chapters 126 & 216) requires students enrolled in pre-kindergarten through twelfth grades to have on file and updated as needed, a current record of immunization which clearly documents each student's present immunization status.

Under this law, students are required to have either vaccine administration records, laboratory evidence of immunity, or documentation from a Maine licensed physician, nurse practitioner, or physician assistant (MD/DO/NP/PA) that immunization is medically inadvisable for each of the following vaccines:

- **DTaP - diphtheria, tetanus, pertussis**
- **Polio**
- **MMR - measles, mumps, rubella**
- **Varicella - now a two-dose requirement as of September 25, 2021**
- **Tdap - required for seventh through twelfth grade entry**
- **MCV4 - meningococcal meningitis - one dose required for seventh through eleventh grade entry and a two-dose requirement for twelfth grade entry**

As of September 1, 2021, students are no longer able to claim religious or philosophical exemptions unless they meet the following individualized education plan (IEP) criteria:

- **A student must have had an IEP on or before September 1, 2021**
- **A student must have previously elected a philosophical or religious exemption**
- **A student, parent, or guardian must provide to the school a statement from a Maine licensed physician, nurse practitioner or physician assistant that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize**

Maine law allows for a one time 90-day provision to these requirements. A parent or guardian must provide the school with a written assurance that the child will be immunized by private effort within 90 days of enrollment or the child first attending, whichever date is the earliest.

A CHILD IS NOT LEGALLY ABLE TO ATTEND A SCHOOL IN MAINE WITHOUT A COMPLETE RECORD (either immunizations, exemptions, or a 90-day provision note) AND IT IS THE SCHOOL'S RESPONSIBILITY TO ENFORCE! SUPERINTENDENTS WILL BE NOTIFIED IF YOUR SURVEY INDICATES ANY MISSING RECORDS AND FOLLOW UP WILL BE REQUIRED TO ENSURE COMPLETED DOCUMENTATION FOR

ALL STUDENTS.

Survey Rules & Tips:

- **All information must be completed on a page before clicking on the "Prev" or "Next" tab. Information will be lost if this is not done.**
- **You are only required to report for Kindergarten, Seventh Grade & Twelfth Grade students. If you do not have any children in these grades, please enter '0'(zero) for ALL questions on the pages that DO NOT apply to your school.**
- **Nurses responsible for multiple schools or school districts must enter each school site separately.**
- **Pre-K is not considered Kindergarten.**

Please contact the Maine Immunization Program at ImmunizeMe.DHHS@Maine.gov if there are questions.



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REGISTRATION

* 1. School Name

* 2. County

* 3. Type of school

Public

Private

* 4. Preparer Information:

Name:

Email Address:

Phone Number:

School Address:



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KINDERGARTEN

* 5. Total number of kindergarten students enrolled:

* 6. Total number of kindergarten students with exemptions (medical or IEP) on file: *(count each student only once)*

* 7. Total number of kindergarten students with vaccine exemptions/exceptions for any of the following reasons:

If a student has multiple vaccine exemptions, please only count them once for each category. (Ex. If a student has a medical exemption for MMR and an IEP philosophical exemption for both DTap and Varicella, please count them ONCE in both the medical and philosophical categories).

a. Medical Exemptions

(must have a written statement from a Maine licensed MD/DO/NP/PA that immunization is medically inadvisable)

b. IEP Religious Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

c. IEP Philosophical Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

d. 90-day Provision Exception (must have a written assurance statement from parent/guardian that student will be immunized by private effort within 90 days of enrollment)

*** 8. DIPHThERIA/TETANUS/PERTUSSIS (DTaP/DPT)**

From the total in question 5, enter the total number of kindergarten students for each category:

The sum of options "a" through "e" must equal total in question 5.

- a. Immune to DIPHThERIA/TETANUS/PERTUSSIS by vaccination or serology/laboratory evidence (5 doses of DTaP/DTP or 4 doses if the fourth dose was administered on or after the fourth birthday)
- b. Medical Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for DIPHThERIA/TETANUS/PERTUSSIS (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 9. POLIO (IPV/OPV)**

From the total in question 5, enter the total number of kindergarten students for each category:

The sum of options "a" through "e" must equal total in question 5.

- a. Immune to POLIO by vaccination or serology/laboratory evidence (4 doses of IPV/OPV or 3 doses if the third dose was administered on or after the fourth birthday)
- b. Medical Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for POLIO (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for POLIO (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 10. MEASLES/MUMPS/RUBELLA (MMR)**

From the total in question 5, enter the total number of kindergarten students for each category:

The sum of options "a" through "e" must equal total in question 5.

- a. Immune to MEASLES/MUMPS/RUBELLA by vaccination or serology/laboratory evidence (2 doses of MMR)
- b. Medical Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for MEASLES/MUMPS/RUBELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for MEASLES/MUMPS/RUBELLA (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 11. VARICELLA (VAR)**

From the total in question 5, enter the total number of kindergarten students for each category:

The sum of options "a" through "e" must equal total in question 5.

- a. Immune to VARICELLA by vaccination, serology/laboratory evidence, or documented history of immunity provided by a physician or other primary care provider (2 doses of VAR)
- b. Medical Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for VARICELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for VARICELLA (student has not provided a record of immunization, laboratory evidence of immunity, documented history of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)



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SEVENTH GRADE

* 12. Total number of seventh grade students enrolled:

* 13. Total number of seventh grade students with exemptions (medical or IEP) on file: *(count each student only once)*

* 14. Total number of seventh grade students with vaccine exemptions/exceptions for any of the following reasons:

If a student has multiple vaccine exemptions, please only count them once for each category. (Ex. If a student has a medical exemption for MMR and an IEP philosophical exemption for both DTap and Varicella, please count them ONCE in both the medical and philosophical categories).

a. Medical Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that immunization is medically inadvisable)

b. IEP Religious Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

c. IEP Philosophical Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

d. 90-day Provision Exception (must have a written assurance statement from parent/guardian that student will be immunized by private effort within 90 days of enrollment)

* 15. DIPHThERIA/TETANUS/PERTUSSIS (Tdap/Td/DTaP/DPT)

From the total in question 12, enter the total number of seventh grade students for each category:

The sum of options "a" through "e" must equal total in question 12.

a. Immune to DIPHThERIA/TETANUS/PERTUSSIS by vaccination or serology/laboratory evidence (minimum required doses of DTaP/DPT/Tdap/Td with at least one dose of Tdap after age seven)

b. Medical Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for DIPHThERIA/TETANUS/PERTUSSIS (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

* 16. POLIO (IPV/OPV)

From the total in question 12, enter the total number of seventh grade students for each category:

The sum of options "a" through "e" must equal total in question 12.

a. Immune to POLIO by vaccination or serology/laboratory evidence (4 doses of IPV/OPV or 3 doses if the third dose was administered on or after the fourth birthday)

b. Medical Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for POLIO (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for POLIO (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 17. MEASLES/MUMPS/RUBELLA (MMR)**

From the total in question 12, enter the total number of seventh grade students for each category:

The sum of options "a" through "e" must equal total in question 12.

- a. Immune to MEASLES/MUMPS/RUBELLA by vaccination or serology/laboratory evidence (2 doses of MMR)
- b. Medical Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for MEASLES/MUMPS/RUBELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for MEASLES/MUMPS/RUBELLA (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 18. VARICELLA (VAR)**

From the total in question 12, enter the total number of seventh grade students for each category:

The sum of options "a" through "e" must equal total in question 12.

- a. Immune to VARICELLA by vaccination, serology/laboratory evidence, or documented history of immunity provided by a physician or other primary care provider (2 doses of VAR)
- b. Medical Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for VARICELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for VARICELLA (student has not provided a record of immunization, laboratory evidence of immunity, documented history of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 19. MENINGOCOCCAL MENINGITIS (MCV4)**

From the total in question 12, enter the total number of seventh grade students for each category:

The sum of options "a" through "e" must equal total in question 12.

- a. Immune to MENINGOCOCCAL MENINGITIS by vaccination or serology/laboratory evidence (1 dose of MCV4)
- b. Medical Exemption for MENINGOCOCCAL MENINGITIS (must have a written statement from a Maine licensed MD/DO/NP/PA)
- c. Religious/Philosophical IEP Exemption for MENINGOCOCCAL MENINGITIS (must have a written statement from a Maine licensed MD/DO/NP/PA)
- d. 90-day provision for MENINGOCOCCAL MENINGITIS (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)
- e. MISSING RECORDS for MENINGOCOCCAL MENINGITIS (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)



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TWELFTH GRADE

* 20. Total number of twelfth grade students enrolled:

* 21. Total number of twelfth grade students with exemptions (medical or IEP) on file: *(count each student only once)*

* 22. Total number of twelfth grade students with vaccine exemptions/exceptions for any of the following reasons:

If a student has multiple vaccine exemptions, please only count them once for each category. (Ex. If a student has a medical exemption for MMR and an IEP philosophical exemption for both DTap and Varicella, please count them ONCE in both the medical and philosophical categories).

a. Medical Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that immunization is medically inadvisable)

b. IEP Religious Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

c. IEP Philosophical Exemptions (must have a written statement from a Maine licensed MD/DO/NP/PA that after consultation the student, parent, or guardian has been made aware of the risks and benefits associated with the choice to immunize)

d. 90-day Provision Exception (must have a written assurance statement from parent/guardian that student will be immunized by private effort within 90 days of enrollment)

* 23. DIPHThERIA/TETANUS/PERTUSSIS (Tdap/Td/DTaP/DPT)

From the total in question 20, enter the total number of twelfth grade students for each category:

The sum of options "a" through "e" must equal total in question 20.

a. Immune to DIPHThERIA/TETANUS/PERTUSSIS by vaccination or serology/laboratory evidence (minimum required doses of DTaP/DPT/Tdap/Td with at least one dose of Tdap after age seven)

b. Medical Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for DIPHThERIA/TETANUS/PERTUSSIS (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for DIPHThERIA/TETANUS/PERTUSSIS (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

* 24. POLIO (IPV/OPV)

From the total in question 20, enter the total number of twelfth grade students for each category:

The sum of options "a" through "e" must equal total in question 20.

a. Immune to POLIO by vaccination or serology/laboratory evidence (4 doses of IPV/OPV or 3 doses if the third dose was administered on or after the fourth birthday)

b. Medical Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for POLIO (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for POLIO (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for POLIO (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 25. MEASLES/MUMPS/RUBELLA (MMR)**

From the total in question 20, enter the total number of twelfth grade students for each category:

The sum of options "a" through "e" must equal total in question 20.

a. Immune to MEASLES/MUMPS/RUBELLA by vaccination or serology/laboratory evidence (2 doses of MMR)

b. Medical Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for MEASLES/MUMPS/RUBELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for MEASLES/MUMPS/RUBELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for MEASLES/MUMPS/RUBELLA (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

*** 26. VARICELLA (VAR)**

From the total in question 20, enter the total number of twelfth grade students for each category:

The sum of options "a" through "e" must equal total in question 20.

a. Immune to VARICELLA by vaccination, serology/laboratory evidence, or documented history of immunity provided by a physician or other primary care provider (2 doses of VAR)

b. Medical Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for VARICELLA (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for VARICELLA (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for VARICELLA (student has not provided a record of immunization, laboratory evidence of immunity, documented history of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)

* 27. MENINGOCOCCAL MENINGITIS (MCV4)

From the total in question 20, enter the total number of twelfth grade students for each category:

The sum of options "a" through "e" must equal total in question 20.

a. Immune to MENINGOCOCCAL MENINGITIS by vaccination or serology/laboratory evidence (2 doses of MCV4 or 1 dose if the first dose was administered on or after the sixteenth birthday)

b. Medical Exemption for MENINGOCOCCAL MENINGITIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

c. Religious/Philosophical IEP Exemption for MENINGOCOCCAL MENINGITIS (must have a written statement from a Maine licensed MD/DO/NP/PA)

d. 90-day provision for MENINGOCOCCAL MENINGITIS (must have a written statement from a parent/guardian that student will be immunized by private effort within 90 days of enrollment)

e. MISSING RECORDS for MENINGOCOCCAL MENINGITIS (student has not provided a record of immunization, laboratory evidence of immunity, written statement of medical exemption or IEP exemption from a Maine licensed MD/DO/NP/PA, or written 90-day assurance from parent/guardian)



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ACKNOWLEDGEMENT

20A MRS 6352-6358, Chapters 126 & 261 states the superintendent is responsible for submitting this summary report on the immunization status of all students within his or her jurisdiction by December 15 of each calendar year.

By entering the Name and Phone Number of the superintendent below, you are certifying that this information has been reviewed by the superintendent and is accurate and complete.

* 28. Superintendent Name:

* 29. Superintendent Phone Number:

30. Comments

Any additional information you would like to give about your school, students, or this survey is appreciated.