



Math, Science & Technology Community Charter School

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IMMUNIZATION NOTICE: NONCOMPLIANCE/ EXCLUSION

PLEASE SUBMIT RECORDS IMMEDIATELY

September 20, 2019

Dear Parent and/or Guardian(s):

In August of 2017, the Pennsylvania Department of Health made changes to the immunization regulations. These new requirements are necessary to ensure that students are protected against vaccine preventable diseases.

After October 1, 2019, students who have not met the below requirements will be EXCLUDED from attending school until they meet the requirements.

- All **12th grade** students must have a second dose of meningococcal conjugate vaccine (MCV4).
- All **7th grade** students must have both a Tdap and Meningococcal Conjugate Vaccine.
- All students must have received 3 doses of Hepatitis B vaccine administered at proper ages.
- Four doses of Polio vaccine with the fourth dose given after the age of four.
- Two doses of MMR and Varicella. The first dose needs to be given after the first birthday.

Please refer to the attached handout for vaccine requirements. Under the new immunization requirements, students may not attend school without proper immunizations, proof of scheduled doctor's appointments, or a letter of exemption.

If your child doesn't have any insurance coverage or if your insurance doesn't cover back-to-school immunizations, children can get the required vaccines for little or no cost at one of the commonwealth's state health centers or local health departments. Please call 1-877-PA-HEALTH (1-877-724-3258) or visit www.dontwaitvaccinate.pa.gov/to get more information or find a list of state health centers.

Thank you,

Administration



Philadelphia Immunization Requirements for School Entry (2017/2018)

Vaccines are required on the first day of school

A child must have at least one dose of all vaccinations, or risk exclusion

A child may have a documented medical, religious, or philosophical exemption from these vaccinations

Even if exempt, a child may be excluded from school during an outbreak of vaccine-preventable disease

All grades	Doses	Notes
Tetanus, diphtheria, pertussis (DTP/Dtap/DT/Td, or Tdap*)	4*	1st dose at/after age 4
Polio (OPV/IPV)	4	4th dose at/after age 4, at least 6 months after previous dose
Measles, mumps, rubella (MMR/MMRV)	2	At/after age 1
Hepatitis B (HBV)	3	
Chickenpox (Varicella/MMRV)	2	At/after age 1*
6th and 7th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	1	At/after age 2
Tetanus, diphtheria, pertussis (Tdap)	1	At/after age 7
12th grade	Doses	Notes
Meningococcal conjugate vaccine (MCV4)	2	If 1st dose given at age 16 or older, only 1 dose is needed to enter 12th grade

* Only 3 doses of Td-containing vaccine are necessary if series is started at or after age 7, and at least one dose is Tdap

** Or documentation of immunity by lab test or written statement from parent, guardian, or physician

If a child doesn't have required doses, they must within the first 5 days of school:

Receive the next dose, if medically appropriate

Have a parent/guardian provide a medical plan if the next dose isn't the final dose of the series

Have a parent/guardian provide a medical plan if the next dose is not medically appropriate

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



PENNSYLVANIA DEPARTMENT OF HEALTH – MEDICAL CERTIFICATE

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

Telephone _____

Please circle present grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

VACCINE Circle appropriate item	Enter month, day and year each immunization will be given DOSES				
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or measles serology Date _____		Titer _____
Varicella	1 / /	2 / /	Rubella serology Date _____		Titer _____
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date _____		

Attach EHR of vaccines already given.

X _____

H502.320 3/17

Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)