

**HOLY CROSS ACADEMY Tdap Form**

**Certification of Immunization**

**To be completed and signed by a physician, registered nurse, or Health Department official.**

Virginia State law requires all seventh grade students to receive tetanus, diphtheria, pertussis (Tdap) and Meningococcal Conjugate (MenACWY) vaccines prior to entering school. A copy of an immunization record signed by a Medical Provider or Health Department official indicating the dates of administration including month, day, and year of the required vaccine shall be acceptable in lieu of recording these dates on this form. If this form is used it must be signed and dated by the Medical Provider or Health Department official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN
*Tdap booster (7 <sup>th</sup> grade entry)	MO DAY Year / / /

*MenACWY (7 <sup>th</sup> grade entry)	MO DAY Year / / /
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I certify that this child is **ADEQUATELY IMMUNIZED** IN ACCORDANCE WITH Virginia State law WHICH REQUIRES A Tdap BOOSTER and MenACWY FOR STUDENTS ENTERING 7<sup>TH</sup> GRADE.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Medical Provider or Health Department Official: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**MEDICAL EXEMPTION:**

As specified in the Code of Virginia § 22.1-271.2, C (ii), I certify that the administration of the vaccine designated below would be detrimental to this student's health. The vaccine is specifically contraindicated because (please specify):

Tdap: [ ] MenACWY: [ ]

This contraindication is permanent: [ ] , or temporary [ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Medical Provider or Health Department Official: \_\_\_\_\_

Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELIGIOUS EXEMPTION:** The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit or a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

**CERTIFICATE OF RELIGIOUS EXEMPTION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Mo. Day Yr.

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine preventable disease in my child's school, the State Health Commissioner may order my child's exclusion from school, for my child's own protection, until the danger has passed.

I hereby affirm that this affidavit was signed in my presence on this day of \_\_\_\_\_ Date

Notary Public Seal \_\_\_\_\_

Registration # \_\_\_\_\_ ( Signature )