

# Guide to Immunization Requirements in Oklahoma: 2023-24 School Year



**All children two months of age and older must present an immunization record or file for an exemption before they are allowed to attend child care or school in Oklahoma. Please read the bullets below for essential information.**

Age/Grade	Required Immunizations with Cumulative Doses required	Recommended Immunizations
<b>Child Care</b> <i>Up to date for age</i>	4 DTaP (diphtheria, tetanus, pertussis) 1-4 PCV (pneumococcal) □ 1-4 Hib ( <i>Haemophilus influenzae</i> type B) □ 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
<b>Preschool/Pre-K</b>	4 DTaP (diphtheria, tetanus, pertussis) 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
<b>Kindergarten-6<sup>th</sup></b>	5 DTaP (diphtheria, tetanus, pertussis) □ 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	Seasonal influenza (flu) 2 <sup>nd</sup> varicella at 4 years old Polio on or after 4 <sup>th</sup> birthday
<b>7<sup>th</sup>-12<sup>th</sup></b>	1 Tdap (tetanus, diphtheria, pertussis) - 5 DTaP (diphtheria, tetanus, pertussis) □ 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	Seasonal influenza (flu) 2-3 HPV (human papillomavirus) 1-2 MCV4 (meningococcal ACWY) 2-3 Men B (meningococcal serotype B)

**The current childhood immunization schedule may be found at <https://www.cdc.gov/vaccines/schedules/index.html>.**

- Doses administered 4 days or less before the minimum intervals or ages are counted as valid doses. This does not apply to the 28-day minimum interval between doses of live vaccines not administered on the same day.
- If a parent reports their child had varicella disease (chickenpox), the child is not required to receive varicella vaccine. Record the child's history of varicella.
- The first doses of measles, mumps, and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday), or they will not count toward the immunization requirement and must be repeated.
- It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due. Additional doses of a vaccine series that are administered after the due date do not affect final immunity.
- Children may be allowed to attend child care and school if they have received at least one dose of all required vaccines due for their age or grade, and the next doses are not yet due. They must complete the remaining doses of vaccine on schedule. These children are in the process of receiving immunizations.
- Hib and PCV vaccines are not required for students in preschool, pre-kindergarten, or kindergarten programs operated by schools, unless the facility is a licensed child care facility. Hib and PCV vaccines are required for children attending licensed child care facilities.
- If the 4<sup>th</sup> dose of DTaP is administered on or after the child's 4<sup>th</sup> birthday, then the 5<sup>th</sup> dose of DTaP is not required.
- The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child, when the first dose was given, and type of vaccine used.
- ◀ If the 3<sup>rd</sup> dose of IPV is administered on or after the child's 4<sup>th</sup> birthday, and at least six months from the previous dose, then the 4<sup>th</sup> dose of IPV is not required.
- Students 11 through 15 years of age who have not received Hep B vaccine may receive a 2-dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.
- The Centers for Disease Control and Prevention (CDC) recommends a dose of Tdap on or after the 10<sup>th</sup> birthday even if previously received. An inadvertent dose of DTaP on or after the 10<sup>th</sup> birthday may be accepted for the 7<sup>th</sup> grade Tdap requirement.

**For more information call the Immunization Service at (405) 426-8580 or visit our website at: <https://oklahoma.gov/health/immunizations>.**

# CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.  
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI) \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth State \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Parent's Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Name of School, Child Care Facility or Head Start \_\_\_\_\_ School District \_\_\_\_\_ School Year \_\_\_\_\_ School Grade \_\_\_\_\_ Facility Phone Number \_\_\_\_\_

Race (select up to 3):  Alaskan Native or American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other

Ethnicity (select 1):  Hispanic or Latino  Not Hispanic or Latino

Child's Gender:  Male  Female

## TYPE OF EXEMPTION (Complete either section 1, 2 or 3 and sections 4 & 5)

### 1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above-named child.

Immunization(s) \_\_\_\_\_ State the condition that would endanger the life or health of the child. \_\_\_\_\_

Printed name of Physician \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_ Phone number of Physician \_\_\_\_\_

### 2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed name of Religious Leader or Parent/Guardian \_\_\_\_\_ Signature of Religious Leader or Parent/Guardian \_\_\_\_\_

### 3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above-named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. **I understand that lost records are not grounds for an exemption.**

**REQUIRED:** Summary of Objections: *(Limited to 600 characters.)*

### 4. Please check which immunizations this exemption applies to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DTaP/Td/Tdap (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) | <input type="checkbox"/> Polio                  |
| <input type="checkbox"/> Hepatitis A                                    | <input type="checkbox"/> MMR (Measles, Mumps and Rubella)    | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B                                    | <input type="checkbox"/> Pneumococcal                        | <input type="checkbox"/> All                    |

### 5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### ATTENTION: Please submit this completed form to the Immunization Service.

Oklahoma State Department of Health  
Immunization Service  
123 Robert S Kerr, Suite 1702  
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

## **INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION**

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

**FORM REQUIRED:** Children enrolled in School, Child Care or Head Start.

**FORM NOT REQUIRED:** Children *not* enrolled in School, Child Care or Head Start.

- **This form must be fully completed and signed.**
- **This form must be submitted to Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the completed form.**
- **Parent understands that lost records are not grounds for an exemption.**

### **LOST IMMUNIZATION RECORDS**

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

### **EXCLUSION DURING A DISEASE OUTBREAK**

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption may be submitted to the  
Oklahoma State Department of Health Immunization Service either directly or through the local school.*

Revised Jan 2024.



# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*, also called meningococcus. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis.

## How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

## Who is at risk of getting this disease?

Some groups of people have a higher risk of meningococcal disease, such as first year college students living in dormitories or new military recruits living in barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease. Infants are at highest risk, but rates decrease after infancy and then increase in adolescence and young adulthood.

## What are the symptoms?

Ten percent or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called “asymptomatic carriage”. Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococemia. As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck, and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

## How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

## What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone, are used to treat meningococcal disease.

## Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that person’s respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal illness. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

**Is there a vaccine to prevent meningococcal disease?**

Three types of meningococcal vaccines are available in the United States. They are effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. An additional vaccine is now available that protects against serogroup B, but is currently only licensed for high-risk children over ten years of age. Consult with your healthcare provider or the local health department about receiving the vaccine.