

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
Child Care <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)
Preschool/Pre-K	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)
Kindergarten-6th	5 DTaP (diphtheria, tetanus, pertussis) □ 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	Seasonal influenza (flu) 2 nd varicella at 4 years old Polio on or after 4 th birthday
7th-12th	1 Tdap (tetanus, diphtheria, pertussis) - 5 DTaP (diphtheria, tetanus, pertussis) □ 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	4 IPV (polio) ◀ 2 Hep A (hepatitis A) 3 Hep B (hepatitis 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 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th 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 3rd dose of IPV is administered on or after the child's 4th birthday, and at least six months from the previous dose, then the 4th 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 10th birthday even if previously received. An inadvertent dose of DTaP on or after the 10th birthday may be accepted for the 7th grade Tdap requirement.

For more information call the Immunization Service at (405) 426-8580 or visit our website at: <http://imm.health.ok.gov>.

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):			Ethnicity (select 1):		Child's Gender: Male Female
<input type="checkbox"/> Alaskan Native or American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	

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
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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

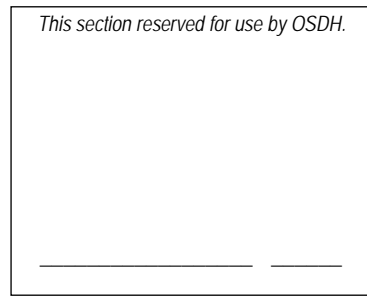
I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may have to be excluded for his/her protection and for the protection of the other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
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ATTENTION: PARENT/GUARDIAN – This form is to be submitted to the **Immunization Service by the parent.**

This section reserved for use by OSDH.

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



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 acceptable evidence of adequate immunization. Such evidence 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 can also apply for 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 appropriately completed and signed or it will be denied.**
- **This form is to be submitted by the parent, to the Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the approved form submitted by the parent.**
- **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 Oklahoma Law. Parents who have lost their child's records should be referred to their local health department or family physician. The nurse or doctor can interpret the past immunization history and provide any needed immunizations and create a record for the parent that can 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 will very likely result in exposure of children attending on the basis of an exemption. These children are very likely to be susceptible to the diseases and therefore may have to be excluded for the duration of any outbreak for their own health and for the health of the other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption must be mailed by the parent to the ,
Oklahoma State Department of Health Immunization Service to review all exemptions.*