

IMMUNIZATION GUIDELINES

**FLORIDA SCHOOLS, CHILDCARE
FACILITIES AND FAMILY DAYCARE
HOMES**

Effective July 2011

**Florida Department of Health
Bureau of Immunization
4052 Bald Cypress Way
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**IMMUNIZATION GUIDELINES
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AND FAMILY DAYCARE HOMES**

I. General Information

A. Purpose:

The document, Immunization Guidelines - Florida Schools, Childcare Facilities, and Family Daycare Homes, provides technical assistance for healthcare providers, schools, childcare facility operators, family daycare home operators, school health personnel, and county health department personnel regarding:

1. Immunization requirements
2. Clarifications/exceptions to immunization requirements with respect to certain vaccines
3. Florida Certification of Immunization (DH 680 Form), including Parts A, B, and C
4. Religious Exemption from Immunization (DH 681 Form)
5. Reporting requirements
6. Special conditions for compliance
7. Disease Control
8. Immunization requirement for public assistance eligibility under the Welfare Transition Program [(WTP) formerly known as Work and Gain Economic Self-Sufficiency (WAGES)]
9. Confidentiality

B. Statutory Authority:

These guidelines describe the requirements for compulsory immunizations for admittance and attendance under the following authority:

1. Public/non-public preschools and schools, K-12: section 1003.22, *Florida Statutes*, and Rule 64D-3.046, *Florida Administrative Code*.
2. Licensed childcare facilities: section 402.305, *Florida Statutes*, and Rule 65C-22.006, *Florida Administrative Code*.

3. Licensed family daycare homes: section 402.313, *Florida Statutes*, and Rule 65C-20.011, *Florida Administrative Code*.
4. Licensed specialized childcare facilities for the care of mildly-ill children: section 402.305, *Florida Statutes*, and Rules 65C-25.002 and 25.008, *Florida Administrative Code*.
5. Family Self Sufficiency: section 414.13, *Florida Statutes*, and Rule 65A-4.216, *Florida Administrative Code*.

C. Medical Practice:

These guidelines are intended to serve the purposes outlined in Section I.A. of this document and are not intended to supplant relevant immunization medical practice as set forth by the referenced authorities cited below. The manner and frequency of administration of immunizations shall conform to recognized standards of medical practice in accordance with U.S. Department of Health and Human Services, Public Health Service's Recommendations of the Advisory Committee on Immunization Practices (ACIP), and the latest Report of the Committee of Infectious Diseases of the American Academy of Pediatrics (Red Book).

D. Florida Certification of Immunization (DH 680 Form):

1. Each medical provider who issues a DH 680 Form must exercise professional judgment in determining the validity of the immunization history provided by the parent or guardian. A written document with immunization dates is vital, and the parent should make every effort to secure all records from the provider(s) of prior immunizations.
2. A copy or facsimile of a completed and appropriately signed DH 680 Form is acceptable. However, every effort should be made to have the original document(s) on file at the preschool, school, licensed childcare facility or family daycare home.
3. An electronic DH 680 Form may be issued by healthcare practitioners participating in the Florida State Health Online Tracking System (Florida SHOTS), the statewide immunization registry. When available via Florida SHOTS, a DH 680 Form may be electronically certified in lieu of provider signature for access by any Florida SHOTS authorized participant.

E. Virtual School and Home Education:

Students that participate in any public or private school campus-based activities are required to have age-appropriate vaccines with the proper documentation.

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Students enrolled in the Florida Virtual School must have a completed DH 680 Form on file at the school.

II. Requirements

Prior to entry, attendance or transfer to preschools, schools (K-12), licensed childcare facilities, and family daycare homes, each child shall have on file a Florida Certification of Immunization, DH 680 Form (see Section IV), documenting the following:

A. Public/Non-Public Schools K-12 (children entering, attending, or transferring to Florida schools):

Four or five doses of diphtheria, tetanus, and pertussis vaccine
Three, four or five doses of polio vaccine
Two doses of measles, mumps, and rubella vaccine¹
Two or three doses of hepatitis B vaccine
One dose of varicella vaccine (kindergarten effective school year 2001/2002, then each year an additional grade)
Two doses of varicella vaccine (kindergarten effective school year 2008/2009, then each year an additional grade)

B. Public/Non-Public Pre-K² (age-appropriate doses as indicated):

Diphtheria, tetanus, and pertussis vaccine
Polio vaccine
Measles vaccine
Mumps vaccine
Rubella vaccine
Hepatitis B vaccine
Varicella vaccine (effective school year 2001/2002)
Haemophilus influenzae type b (Hib) vaccine

C. Public/Non-Public Schools Seventh Grade:

Effective with the 2009/2010 school year³,

In addition to all other compulsory school immunizations, children entering, attending, or transferring to the seventh grade in Florida schools are required to complete the following:

One dose of tetanus-diphtheria-pertussis vaccine (Tdap)

D. Licensed childcare facilities and family daycare homes:

Children entering or attending licensed childcare facilities and family daycare homes shall have received as many of the following age-

¹ Effective for K to 12 2008/2009: second dose of mumps and rubella.

² If in a grade covered by the requirement.

³ With each subsequent year, the next highest grade will be included.

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appropriate immunizations as are medically indicated in accordance with the current Recommended Childhood Immunization Schedule:

Diphtheria, tetanus, and pertussis vaccine
Polio vaccine
Measles vaccine
Mumps vaccine
Rubella vaccine
Varicella vaccine (Effective July 1, 2001)
Haemophilus influenzae type b (Hib) vaccine
Pneumococcal Conjugate vaccine (Effective January 1, 2012 for children 2 to 59 months of age)

III. Clarifications/Exceptions to Immunization Requirements

A. Temporary Medical Exemption (DH 680 Form Part B):

Any child who has incomplete documentation of vaccination for the required number of doses should be admitted after the first dose(s) and issued a Temporary Medical Exemption (DH 680 Form Part B) and scheduled for the next dose(s) according to age and dosage spacing.

B. Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Tdap):

1. The fifth dose of diphtheria, tetanus, pertussis vaccine (DTP or DTaP), should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. If the fifth dose of DTP/DTaP vaccine was administered prior to the fourth birthday, a sixth dose of DTP/DTaP is NOT required. However, it is recommended that a professional medical evaluation be obtained to see if additional immunizations are needed for the child's protection.
3. If the fourth DTP/DTaP dose is administered on or after the fourth birthday, the fifth DTP/DTaP is NOT required.
4. Pediatric diphtheria-tetanus (DT) vaccine is an acceptable substitute for DTP/DTaP vaccine if pertussis vaccine cannot be given for medical reasons. The reason(s) for contraindication to pertussis-containing vaccine must be documented, vaccine doses must be documented on DH 680 Form, and Part C (Permanent Medical Exemption) must be completed, in addition to Part A or Part B.
5. Students who started their immunizations after seven years of age should receive a total of three doses of adult tetanus-diphtheria (Td) vaccine. Tdap should be used to replace one dose of the Td, which will meet 7th grade requirement.

6. Tdap should be administered, when indicated to meet the 7th grade requirement, regardless of interval since the last tetanus- or diphtheria-toxoid containing vaccine.

C. Polio (IPV/OPV):

1. The fourth dose of polio vaccine should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. Effective school year 2011/2012, if the fourth dose of polio vaccine was administered prior to the fourth birthday, a fifth dose of polio is required.

Students who are already enrolled in grades not included in the requirement with a valid DH 680 Form and were admitted without documentation of a dose of IPV following their fourth birthday should not be excluded. However, if their records are reviewed, they should be advised to either update their records or receive a fifth dose and be issued an updated DH 680 Form.

3. If the third polio primary dose is administered on or after the fourth birthday, the fourth polio dose is not required.
4. Students who started their immunizations after seven years of age should receive a total of three doses of polio vaccine.

D. Measles, Mumps, Rubella (MMR):

The second dose of the measles, mumps and rubella vaccine is recommended on or after the child's fourth birthday and prior to entry into kindergarten. MMR or measles, mumps, rubella and varicella (MMRV) vaccine is accepted to meet this requirement. (MMRV vaccine is licensed and indicated for simultaneous vaccination against measles, mumps, rubella, and varicella among children 12 months through 12 years of age).

Students who are already enrolled with a valid DH 680 Form in grades not included in the requirement with two measles, one mumps, and one rubella should not be excluded. However, if their records are reviewed, they should be advised to either update their records or receive a second MMR and be issued an updated DH 680 Form.

E. *Haemophilus influenzae* type b (Hib):

Haemophilus influenzae type b (Hib) vaccination is required for public/private preschool, childcare, and family daycare home attendees from two months through 59 months of age. The number of doses required for Hib vaccination varies, depending on the child's age and type of vaccine received.

F. Hepatitis B:

1. Children who have no documentation of the hepatitis B vaccine series should be admitted after the first dose, issued a temporary medical exemption, and scheduled for the next appropriate dose.
2. An alternate two-dose hepatitis B vaccine series for adolescents 11 through 15 years of age has been approved. Children in this age group who receive the two-dose series should be considered in compliance with Florida's hepatitis B immunization requirement for school entry and attendance.

G. Varicella:

1. Two-dose requirement:

Beginning with the 2008/2009 school year, children entering kindergarten will be required to receive two doses of varicella vaccine. The light gray highlighted area below indicates the year the two-dose requirement becomes effective. Each subsequent year thereafter, the next highest grade will be included in the requirement. The black highlighted area indicates grades that fall under the one-dose varicella requirement. The one-dose varicella requirement started in the 2001/2002 school year.

School Entry Requirements for One or Two Doses of Varicella Vaccine for Grades Pre-K and K-12, Florida 2008/2009 - 2020/2021

Grade	One Dose		2 Doses										
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Pre-K													
Kindergarten													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

2. Effective July 1, 2001, children entering or attending childcare facilities or family daycare homes are required to have varicella vaccine.

3. Varicella vaccine is NOT required if there is a history of varicella disease documented by the healthcare provider in the space provided on the DH 680 Form.

IV. Florida Department of Health Certification of Immunization (DH 680 Form)

A. Requirements:

Any child entering a preschool, school (K-12), licensed childcare facility or family daycare home must have a completed Florida Certification of Immunization Form (DH 680 Form) with either proof of immunization or exemption for the form to be valid. Physicians who are participants in the statewide immunization registry, Florida SHOTS, may produce an electronically signed copy of the completed DH 680 Form directly from the system. The pre-printed DH 680 Forms or blank forms for electronic printing from Florida SHOTS are available from the county health departments, **or forms can be ordered from the Department of Health Distribution Center.** All children should receive a completed personal immunization record or (DH 686).

1. The following information must be recorded on the DH 680 Form in order for the form to be valid:
 - a. The child's complete name, date of birth, and name of parent or guardian.
 - b. All vaccine administration dates with the month/day/year. If the child has received more than the required number of doses of a vaccine, the last space to the right of the vaccine should indicate the date of the last dose given.
2. The child's Social Security number (SS#) is optional.
3. The state immunization identification number (ID#) will appear on a computer-generated DH 680 Form¹ and is an identification number from Florida SHOTS. ***This ID# is not a required item.***
4. Part A or Part B (as applicable) must be completed with the name of the physician or clinic, physician or clinic address, signature (or signature stamp) of the physician, public health nurse, county health department, or the physician's authorized designee, and the date the form was signed and issued. Select Code 1 for grades K-12 excluding the 7th grade requirement and Code 8 for only the 7th grade requirement. For healthcare practitioners who use Florida SHOTS, the DH 680 Form may be electronically certified in lieu of a written signature, and this valid form will subsequently be available to any authorized Florida SHOTS participants.

¹ Private providers and county health departments may access instructions online and the computerized DH Form 680 from the Florida SHOTS website at www.flshots.com.

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B. Part A - K-12:

1. This section must be completed for those children who have received the required vaccinations. Refer to Section IV.A.1-4 for general information on form completion.
2. Part A should not be used for children who are enrolled in childcare facilities, family daycare homes or preschools unless they are four years of age and have completed all the required immunizations for kindergarten. Part B should be completed for those children who have not completed the required vaccinations.
3. If the child has received more than the required number of doses, the space on the DH 680 Form for dose #3 of hepatitis B and/or dose #2 of measles or MMR vaccine should indicate the date the last valid dose was administered.

C. Part B - Temporary Medical Exemption:

1. This section documents the status of children in school (K-12), preschool, childcare facilities or family daycare homes who are incomplete for immunizations in Part A. Refer to Section IV.A.1-4 for general information on form completion.
2. A child who has received as many immunizations as are medically indicated at this time, and is in the process of completing necessary immunizations, may attend a childcare facility, family daycare home, preschool, or kindergarten through grade 12 only if he/she presents a Temporary Medical Exemption (DH 680 Form, Part B).

A Temporary Medical Exemption (Part B) is invalid without an expiration date.

3. If the child is not fully immunized for school (K-12), preschool, childcare facility or family daycare home entry and attendance, and cannot receive any additional vaccines at this time, complete DH 680 Form, Part B.
 - a. Follow general instructions on documentation of immunizations and form completion. (Refer to Section IV.A.1-4)
 - b. **The expiration date is the date when the child is past due for their next immunization—after this date, the form is no longer valid.** The child must return to the physician or clinic BEFORE the expiration date to receive the immunizations needed. At that time, the physician will fill in the date(s) of additional vaccines administered, cross out the old expiration date, and add a new expiration date above the crossed-out date. If, for some reason, the immunization cannot be given, the physician will cross out

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the old expiration date and fill in a new date. In both cases, the new expiration date should be initialed by the physician or an updated DH 680 Form can be generated.

- c. Two weeks before the DH 680 Form, Part B (Temporary Medical Exemption), expires, the school, childcare facility, or family daycare home should return the original DH 680 Form to the parent for the physician to update. This procedure allows the form to be reused and assists the physician or clinic in tracking the child's immunization history. **The school should retain a photocopy of the form until the original DH 680 Form is returned.** If an updated form is not returned by the expiration date, the child is out of compliance. The provider should also give the family an updated personal immunization record.
- d. Below are exceptions to having a Temporary Medical Exemption with a specific expiration date. The rationale for these exceptions is that the child has received all doses required for attendance in a preschool, childcare facility, or family daycare home. Use of DH 680 Form, Part B, with a valid expiration date should alert the facility administrator when the next dose(s) of vaccine is needed for the child's continued protection and attendance in the facility. Therefore, the child is actually not required to receive another dose until school entry.
 - (1) If a preschool, childcare facility or family daycare home attendee has received at least four doses of diphtheria, tetanus, pertussis; three doses of polio; age-appropriate Hib and pneumococcal conjugate doses (2 to 24 months of age for childcare effective January 2008); one dose of MMR vaccine; one dose of varicella vaccine; and three doses of hepatitis B vaccine, and these doses are recorded on DH 680 Form, and Part A was inadvertently signed by a physician or clinic, the form will not be judged "out of compliance."
 - (2) For attendance at preschools located on school campuses, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have been received: four diphtheria, tetanus, pertussis; three polio; one MMR; age-appropriate Hib doses; three hepatitis B; and one varicella.
 - (3) For childcare and family daycare home attendance, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have

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been received: four diphtheria, tetanus, pertussis; three polio; one MMR; age-appropriate Hib doses; one dose of varicella; and effective January 2008, age-appropriate doses of pneumococcal conjugate for children 2 to 24 months of age.

- e. It is the childcare facility or family daycare home operator's responsibility to ensure proper documentation is on file. This responsibility includes notifying parents prior to the expiration date documented on the Temporary Medical Exemption (DH 680 Form, Part B).
 - f. When a childcare facility or family daycare home serves school-aged children, the school, by law, is to maintain the immunization records on file.
4. The Department of Health shall approve issuance of Temporary Medical Exemptions with extended expiration dates when it is determined that a vaccine shortage exists. Healthcare providers will be notified of an expiration date to use for the Temporary Medical Exemptions that reflects a projected date of sufficient quantities of vaccine necessary to resume any deferred immunizations.

D. Part C - Permanent Medical Exemption:

A child who is not fully immunized, but for medical reasons cannot receive one or more vaccines, may be issued a Permanent Medical Exemption, provided the physician states in writing the medical reasons based upon **valid** clinical reasoning or evidence, demonstrating the need for a permanent exemption. Follow general instructions on documentation of immunizations and form completion (Section IV.A.1-4). In addition, the following information on DH 680 Form, Part C, must be completed for the form to be acceptable:

- 1. Vaccine doses the child has received must be documented on the DH 680 Form (refer to IV.A.). The physician must list the vaccine(s) that are contraindicated and provide valid, medical reasons in writing for each vaccine that is not administered on Part C.
- 2. **DH 680 Form, Part C, can only be signed (or signature stamped) by a physician licensed under Chapter 458 MEDICAL PRACTICE or Chapter 459 OSTEOPATHIC MEDICINE, Florida Statutes.**
- 3. Form DH 680 Form, Part A, should be completed if the child has all other required immunizations. DH 680 Form, Part B, should be completed if the child still has some immunizations scheduled at a later date(s). A child who is entering a Florida school (K-12) for

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the first time and who also has a permanent medical exemption will need DH 680 Form, Part A and Part C, completed.

E. Computerized Florida Certification of Immunization (DH 680 Form):

Private providers, county health departments, and schools enrolled in Florida SHOTS may produce a computerized electronically signed and certified DH 680 Form from the Florida SHOTS. For more information on enrolling in Florida SHOTS, visit www.flshots.com or call 1-877-888-SHOT (7468).

V. **Transfers**

A. Public/Non-Public Schools:

1. An authorized school official issues temporary exemptions for a period not to exceed 30 days. Authorized school officials are determined by the local school board and may include the principal, school nurse, or other designated entity. These temporary exemptions are issued for the following situations:
 - a. Students transferring interstate: A child who transfers into a Florida school from another state.
 - b. Students transferring intrastate: A child who transfers into a new county to attend class.
 - c. A homeless child: A homeless child, as defined in section 228.041, *Florida Statutes*, shall be given a temporary exemption for 30 days.
 - d. Juvenile justice: A child who enters the juvenile justice system shall be issued a temporary exemption for 30 days.
 - e. Military children: A military child as defined in 1000.36, *Florida Statutes*, shall be issued a temporary exemption for 30 days.
2. In cases where children are transferring within or between public schools in Florida counties, electronic transfer of records as indicated below will satisfy the record requirements.
3. If all of the information required on the original form DH 680 Form, Parts A, B or C, is automated for transfer via the Florida Automated System for Transferring Education Records (FASTER), then the information **must** be transmitted electronically. However, Rule 64D-3.046, *Florida Administrative Code*, indicates that the original DH 680 Form must always be forwarded to the requesting school for follow-up of immunization status if the child has been issued a DH 680 Form, Part B (Temporary) or Part C (Permanent), medical exemption. In

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addition, if intervals of immunization are questionable or if dates of each immunization in a series are missing on the FASTER record, the original DH 680 Form must be forwarded to the requesting school for verification of immunization status as outlined in the paragraph below.

Note: The original paper DH 680 Form is a permanent school record and should be filed in the student's cumulative health record. This form should transfer along with all other school documents.

4. The public school health nurse or authorized public or non-public school official shall be responsible for the follow-up of such school children until documentation on the proper Florida form or FASTER record is obtained.
5. Except for transfer students, no grace period is allowed for a child's entry into a Florida school.
6. If a school receives numerous, improperly completed immunization records, the Bureau of Immunization representative for the county should be notified to facilitate corrective action.

B. Childcare Facility or Family Daycare Home:

Children beginning attendance at a childcare facility or family daycare home and/or changing facilities shall be allowed up to a maximum of 30 days to present proof of immunization status.

1. Facility operators are responsible for notifying a child's parents to obtain proper documentation when transferring to a different facility.
2. If a facility receives numerous, improperly completed immunization records, the Bureau of Immunization representative for the county should be notified to facilitate corrective action. The current list of BOI Field Staff personnel can be located at: <http://www.immunizeflorida.org/>.

VI. Religious Exemption from Immunization (DH 681 Form)

A. Request for Religious Exemption:

1. A request for a religious exemption from immunization requirements must be presented to the facility/school on the Department of Health's Religious Exemption From Immunization form (DH 681 Form).
2. The DH 681 Form is issued ONLY by county health departments and ONLY for a child who is not immunized because of his/her family's religious tenets or practices. If a parent requests such an

exemption, the county health department staff must use the current DH 681 Form, which has been signed by the parent affirming the written statement on the form that a religious conflict exists. This form must be issued upon request. No other information should be solicited from the parent or guardian.

B. Completion of DH 681 Form:

The following information must be completed on the DH 681 Form:

1. The child's complete name, date of birth, and parent or guardian's name. The child's Social Security number (SS#) is optional. The Florida SHOTS ID should be included, if known.
2. Parent's (or guardian's) signature and date of signature.
3. County health department stamp, signature of the county health department director/administrator or their authorized designee, and date the form is issued.

C. Retention of Form:

The DH 681 Form will be kept on file at the school, preschool, childcare facility, or family daycare home in order to facilitate identification of any unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease.

D. Consistency With Florida Law:

Requests for religious exemption from immunizations should be consistent with section 1003.22, *Florida Statutes*. **Exemptions for personal or philosophical reasons are not permitted under Florida law.**

VII. Reporting Requirements

A. Public/Non-Public Schools:

1. Manual Reporting: Immunization Annual Report of Compliance for Kindergarten and Seventh Grades (DH 684):
 - a. The Immunization Annual Report of Compliance for Kindergarten and Seventh Grades (DH 684) will be sent to county health departments each fall for distribution to schools.
 - b. All public and non-public elementary schools and middle schools, that do not report electronically, are required to submit to the local county health department the Immunization Annual Report of Compliance for Kindergarten and Seventh Grades (DH 684) no later than

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October 1. Separate forms should be completed for kindergarten and seventh grade.

- c. For your record-keeping purposes, please record the temporary medical expiration date of those students with Temporary Medical Exemptions (DH 680 Form, Part B) in the corresponding column under "Medical Exemptions." This notation provides an easy way to identify a student with an expired certificate.
 - d. Check the numbers you record on the form. The number of students who are fully immunized in column #9, plus those listed with exemptions in column #10, should equal the total enrollment in column #8.
2. Electronic Reporting for Selected Public Schools: Electronic-only reporting by public schools through the Department of Education (Information Data Base Requirements) began for kindergarten compliance, effective with the 1997/1998 school year, and for seventh grade compliance in the 2000/2001 school year. Prior to the beginning of each school year, the Department of Education and Department of Health, Bureau of Immunization will notify public school districts and county health departments of those school districts approved for electronic-only reporting (kindergarten only, seventh grade only, or both kindergarten and seventh grade).
3. Immunization Validation Surveys - Kindergarten and Other Grades: A random sample of student records are surveyed to determine the immunization levels of children entering kindergarten and seventh grade. Bureau of Immunization field staff will conduct this survey in compliance with federal requirements and section 1003.22, *Florida Statutes*. This survey is generally completed by the end of February each year.

B. Childcare Facilities:

- 1. Annual Licensing Report: Childcare facility standards require that, at least once a year, immunization records be checked by licensing personnel or public health nurses in each childcare facility. If a child's record does not contain a proper, up-to-date immunization form, a violation of the standards has occurred. In this case, the licensing agency will require corrective action and may impose an administrative fine; seek an injunction to close the facility; or deny, suspend, or revoke the facility's license.
- 2. Immunization Validation Survey: An annual immunization survey of attendees at randomly selected childcare facilities will be conducted by immunization field staff and normally will be completed by the end of February of each year. This survey is to determine the immunization levels of children attending childcare

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facilities and compliance with section 402.305, *Florida Statutes*, and Rule 65C-22.006, *Florida Administrative Code*. Federal requirements call for this annual survey to measure the immunization levels of children in childcare centers.

VIII. **Disease Control: Schools, Preschool Facilities, Childcare Facilities, and Family Daycare Homes**

A. Notification of Suspect Cases of Communicable Diseases:

Administrators of schools, preschools, childcare facilities, family daycare homes and specialized childcare facilities for the care of mildly-ill children are required to notify the county health department of suspected or diagnosed cases of diseases on the official Department of Health list. Notify them **immediately** by telephone of suspected cases of **measles, diphtheria, or poliomyelitis**. Operators should also notify the county health department by telephone or in writing within 48 hours of recognition of any suspected disease conditions involving rubella (German measles), pertussis (whooping cough), mumps, hepatitis B, varicella (chickenpox), or *Haemophilus influenzae* type b invasive disease.

B. Outbreak Control:

1. Administrators should be aware that in the event of a communicable disease outbreak, the Department of Health's county health department director/administrator may declare a communicable disease emergency and initiate outbreak control measures. A serious communicable disease outbreak may include cases of vaccine-preventable diseases such as measles, diphtheria, rubella (German measles), pertussis (whooping cough), poliomyelitis, *Haemophilus influenzae* type b, varicella (chickenpox), or mumps.
2. The county health department director or administrator may exclude from school, preschool, childcare facilities, or family daycare centers those children without proper documentation of immunization (or with medical/religious exemptions) for the disease for which the emergency has been declared. In the case of a childcare facility, non-compliance may lead to eventual closure.

IX. **Immunization Requirement for Public Assistance Eligibility Under the Family Self Sufficiency Program**

A. Legal Authority:

Effective July 1, 1997, the immunization provision for Family Self Sufficiency temporary cash assistance requires that preschool children, or a child of less than 5 years of age, of applicants and recipients of cash assistance must begin and complete childhood immunizations as a

condition of eligibility. These requirements are in accordance with section 414.13, *Florida Statutes*, Rule 65A-4.216, *Florida Administrative Code*, and the immunization requirements for the Welfare Transition Program.

B. Verification of Immunization:

1. Any written statement by a healthcare provider, which contains information that the immunizations are current, the date the next immunization is due, and the dated signature of a healthcare professional licensed under Chapters 458, 459 or 460, *Florida Statutes*, or an authorized designee, is acceptable as verification of immunization.
2. The DH 680 Form may be used as an acceptable verification, as follows:
 - a. Florida Certification of Immunization (DH 680 Form, Part A), attesting that the child's immunizations are up-to-date for kindergarten entry.
 - b. Temporary Medical Exemption (DH 680 Form, Part B), attesting that the child's immunizations are being brought up-to-date.
 - c. Permanent Medical Exemption (DH 680 Form, Part C), attesting that one or more of the child's immunizations have been permanently deferred by a medical exemption.
3. The DH 681 Form, Religious Exemption From Immunization, is acceptable verification of good cause for failure to immunize a child because of religious beliefs. Refer to Section VI. for guidance on form completion.

X. **General Information**

A. Confidentiality:

In accordance with Section 456.057 (7) (a), *Florida Statutes*, confidential immunization information can be released without prior written consent, without liability, from one healthcare provider to another who is offering immunization services to a patient. This statute may be cited when obtaining a child's immunization history from another healthcare provider.

B. Questions/Comments Regarding Guidelines:

If you have any questions or comments concerning these Guidelines, please contact your local health department or the Bureau of Immunization representative in your county.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F					
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
PneumoConju	N	<i>Year</i>				

Select appropriate box(es) Certificate of Immunization for K-12

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
Authorized Signature: _____

Issued By: _____

Date: _____



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap	P	_____	_____	_____	_____	_____
Td	Q	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H	_____	_____	_____	_____	_____
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	_____	_____	_____	_____	_____
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
		<i>Year</i>	_____	_____	_____	_____
PneumoConju	N	_____	_____	_____	_____	_____

Certificate of Immunization for K-12

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

- DOE Code 2 (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

- Part C-Permanent**

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or Authorized Signature: _____

Electronic Certification: _____
Date: _____
Issued by: _____



