

Cyber Village

A C A D E M Y

Inspiring, challenging, and preparing
students on campus & online



Dear CVA Parents,

By state law, schools are required to keep updated immunization records for each enrolled student. As part of the registration process, each family must submit their student's immunization record completed by their physician/clinic. The immunization form from the Minnesota Department of Education is included with this letter. This form should be filled out and signed for completion.

The following students must **submit their most current immunization records** during registration for the new school year:

- Students new to CVA – all grades (K-12)
- Students returning to CVA – entering 7th or starting 12th grades
- Students who have received new vaccines since the start of the previous school year – all grades

A copy of the student's immunization history (printout) from the physician/clinic is also acceptable.

Students who are **not vaccinated** must submit authorized documents of their **medical exemption or non-medical waiver** during registration for the new school year:

- Students new to CVA – all grades (K-12)
- Students returning to CVA – entering 7th or 12th grades
- Students who have received new authorizations/updates since the start of the previous school year – all grades (K-12)

These records from the physician / clinic can be emailed, faxed or dropped off at CVA front office/drop box at school. If you have any questions, please contact CVA at (651)523-7170 or email vcarey@cybervillageacademy.org.

Cyber Village Academy 768 Hamline Ave. S St.Paul, MN 55116
Phone: (651)523-7170 Fax: (651)523-7113 Email: info@cybervillageacademy.org
www.cybervillageacademy.org

Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten		At 7th grade		At 12th grade	
Hepatitis B										
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)										
Haemophilus influenzae type b (Hib)										
Pneumococcal (PCV)										
Polio										
Measles, Mumps, Rubella (MMR)										
Chickenpox (varicella)										
Hepatitis A										
Tetanus, Diphtheria, Pertussis (Tdap)										
Meningococcal (MCV4)										

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____

(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on _____ (date)

Notary Stamp

by _____
(name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

- 3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:
 - Provide easier access for you and your school to check immunization records, such as at school entry each year.
 - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.
- Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.
- I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)