



DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS
OFFICE OF THE DIRECTOR, EUROPE
UNIT 29649, Box 7000
APO AE 09002-7000



September 13, 2012
12-EUR-007

MEMORANDUM FOR DIVISION CHIEFS, DoDDS-EUROPE
DISTRICT SUPERINTENDENTS
PRINCIPALS
SCHOOL HEALTH NURSES

SUBJECT: DoDEA Immunizations SY 2012-2013

In response to guidance received from Director, DoDEA (attached) and the Command Surgeon, US European Command, the seasonal flu immunization will remain a requirement for enrollment in DoDDS-E schools. Students will be permitted thirty (30) days from the time the local medical authority notifies the school administration that the flu vaccine is available to obtain the required flu immunization. Students/sponsors will be permitted thirty (30) days from the date of enrollment to obtain other immunizations required by DoDEA.

With support from EUCOM and the military service commands in Europe, DoDDS-E will make a determined effort to ensure student and staff safety and to protect medically fragile students and staff should an epidemic be declared by military medical authority. DoDDS-E area, district and school leadership should actively communicate these goals to school communities and take steps to promote awareness of opportunities to receive vaccines. Local medical treatment facilities have been directed to work with schools to ensure timely immunizations. Principals should welcome requests for in-school immunization clinics and make every effort to arrange convenient immunization administration for students and staff. In the event that local military medical authority determines that an epidemic or serious outbreak is a threat to the community, any student or member of the school staff who has not received an immunization or who has a waiver will not be permitted access to the school until:

- a. Evidence that the immunization was administered three weeks prior to the date of the announcement that the community is at risk is presented to the school, or
- b. The installation medical authority determines the period of risk has passed.

It is important that requests for waivers to this requirement based on medical, religious, or other personal circumstances be respected. Waivers must be requested in writing and a file of the granted waivers must be maintained by the principal or supervisor at the school or office. In the event of an epidemic, for the protection of others, the exempt student or staff member must be excluded from school/workplace (e.g. *excused absence*, *administrative leave*, *telework*) until the installation medical professional determines the epidemic period is over. To ensure our preparation should this contingency come to pass, principals and school health nurses should

work together to determine the most efficient method to ensure compliance and make any necessary modifications to current immunization record keeping routines for both students and staff. DoDDS-E Division Chiefs and District Superintendents should maintain adequate records to be able to identify employees who would be at risk if not immunized or for other medical reasons. This policy will remain in effect until superseded or cancelled.

Thank you for your assistance. Questions should be referred to Mr. Harvey Gerry, Chief of Staff, DoDDS-E.



Dr. Nancy C. Bresell
Director, DoDDS-Europe

Attachment:
As Stated

cc:
EUCOM, ECJ4-MR



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VA 22203-1635

SEP 06 2012

MEMORANDUM FOR DODEA AREA DIRECTORS

DODEA AREA DEPUTY DIRECTORS, CIA
DODEA AREA ASSISTANT DEPUTY DIRECTORS, CIA
DODEA DISTRICT SUPERINTENDENTS
DODEA AREA STUDENT SUPPORT SERVICES, ISS
DODEA HIGH SCHOOL PRINCIPALS
DODEA MIDDLE SCHOOL PRINCIPALS
DODEA ELEMENTARY SCHOOL PRINCIPALS
DODEA SCHOOL NURSES
DODEA SCHOOL REGISTRARS
DODEA SCHOOL SECRETARIES

SUBJECT: Immunization Requirements

This memorandum announces the Immunization Requirements for School Year (SY) 2012-2013. Please review "Immunization Requirements, August 2012".
<http://www.dodea.edu/parents/immunization.cfm>

Department of Defense Education Activity (DoDEA) immunization forms were revised in November of 2011. All previous versions of these forms are obsolete. The changes in these forms are also reflected in other standard DoDEA forms that notify parents of their child's immunization status. All area, district, and school websites should reflect these changes. A PDF fillable version of all immunization forms is located at:
<http://www.dodea.edu/StudentServices/healthGuide.cfm>

Parents must provide official proof of their child's immunization status to school officials at the time of initial registration. A copy of the student's complete immunization record may be accepted in lieu of DoDEA Form 2942.0-M-F3 (SHSG: H-2), November 2011. Acceptable forms of official proof of immunization status may include but are not limited to:

- Yellow international immunization records.
- State agency-generated immunization certificates.
- School-generated immunization certificates.
- Physician, clinic, or hospital-generated report of immunizations.

Documentation accepted should contain the signature and/or stamp of the health care provider who either administered the vaccinations or reviewed the information.

In July 2010, DoDEA recognized the Interstate Compact on Educational Opportunity for Military Children. The compact language reads as follows for students who are transferring to a new location: "Compacting states shall give thirty (30) calendar days from the date of

enrollment for required immunizations. For a series of immunizations, initial immunizations must be obtained within thirty (30) calendar days.”

Parents must present proof of immunizations upon registration in any DoDEA school. Should the immunization documentation reveal missing immunization data, the necessary immunizations must be obtained and proof of immunization compliance must be presented to school officials within thirty 30 days of enrollment for continued enrollment in DoDEA.

For an immunization that requires a series of vaccinations to complete immunity, the next in the series is due no later than 10 days after the due date as determined by the Advisory Committee on Immunization Practices series spacing requirements.

DoDEA Form 2942.0-M-F3 is for students age five and above. Students below the age of five years old are required to obtain additional age-appropriate immunizations. A copy of the student’s complete immunization record may be accepted in lieu of a DoDEA Form 2942.0-M-F3 (SHSG: H-2), November 2011. For students below the age of five years AND older than the last age a vaccine can be given, (i.e. Rotavirus at eight months, zero days), if the student has not received the vaccination, the vaccination series is not required nor does the vaccination series need to be tracked. The same is true for Haemophilus influenza type b-through 59 months and Pneumococcal-through 59 months. If a student's age is within the age frame that any of these vaccinations are given and a dose is missing, the parents should be notified to follow-up with their primary care provider. For further information, see <http://www.cdc.gov/vaccines/schedules/downloads/child/0-6yrs-schedule-pr.pdf>.

Influenza: Requirements for influenza vaccination are established by local medical command. Schools are to work closely with their local medical treatment facilities to ensure that all local requirements are followed.

Tuberculin testing: Requirements for tuberculin testing are established by the local medical command. Schools are to work closely with their local medical treatment facilities to ensure that all local requirements are followed.

For any questions, refer to DS Manual 2942.0, April, 2004, Section F.2 Immunizations, Immunization Screening and Medical/Religious Exemptions.

http://www.dodea.edu/StudentServices/upload/DoDEAmanual_2942_0.pdf

For additional clarification, the DoDEA point-of-contact is Margaret Barry, who may be reached via e-mail at margaret.barry@hq.dodea.edu or by telephone at (571) 372-6011.


Marilee Fitzgerald
Director

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY IMMUNIZATION REQUIREMENTS

To enroll in DoDEA schools students MUST meet specific immunization requirements. For details: See DoDEA Immunization Requirements, November, 2011. This form is provided to parents to assist with immunization documentation. Medical proof of immunizations must be completed by medical authority and provided to the school officials at the time of initial registration. Medical authorities must sign and stamp their form of choice indicating that immunization records have been reviewed and that the minimum DoDEA requirements are met. At time of registration, copies of prior immunization administration records may be requested to supplement information provided by medical authorities.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 and 20 U.S.C. sections 921-932.

PRINCIPAL PURPOSE: To obtain immunization information needed to enroll students in Department of Defense Education Activity (DoDEA) schools and programs and to promote a safe school environment.

ROUTINES USE(S): DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b) (2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student enrollment and services.

| | |
|--|--|
| Name <i>(Last, First, Middle Initial)</i> | Date of Birth <i>(mm/dd/yyyy)</i> |
|--|--|

| IMMUNIZATION | DOSE AND DATE GIVEN | | | | |
|---------------------------------------|---------------------|-------------------|---------------------------------------|--|-------------------|
| | 1 (mm/dd/yyyy) | 2 (mm/dd/yyyy) | 3 (mm/dd/yyyy) | 4 (mm/dd/yyyy) | 5 (mm/dd/yyyy) |
| Diphtheria, Tetanus, Pertussis (DTaP) | | | | | |
| Hepatitis A | | | | | |
| Hepatitis B | | | | | |
| Measles, Mumps, Rubella | | | | | |
| Measles | | | | | |
| Mumps | | | | | |
| Rubella | | | | | |
| Meningococcal | | | | | |
| Polio | | | | | |
| Tetanus, Diphtheria, Pertussis (Tdap) | | | | | |
| Varicella | | | | | |
| Varicella (History of disease.) | | | | | |
| Influenza (Annual) | | | | | |
| PPD | Date Placed: | Date read: | Result: NEG _____mm POS _____mm | MD clearance: YES <input type="checkbox"/> NO <input type="checkbox"/> | BCG |

I certify that the minimum immunization requirements have been completed, and or initiated. Immunizations are current until _____
when _____ immunization(s) is/are due. (Date)

Signature and Stamp of Medical Authority / Date