



ACADEMY

Immunization History

Information provided must be completed by a physician licensed to practice medicine, a physician's assistant as defined by NRS 630.015, a certified nurse practitioner, or a public health nurse meeting Nevada standards for health check services.

Personal Information

Student Name: _____ DOB _____ Sex _____

Address: _____ City _____ Zip _____

Parent(s)/Guardian(s) _____

Immunization Requirements

This section must be completed for all NEW students and students advancing to grade 7. According to Nevada Revised Statutes (NRS 432A.230, 432A.235 and Nevada Administrative Codes (NAC) 432A.500-.505 for child care and accomodation facilities, and NRS 392.435 for public and private schools) children must prove immunity to Diphtheria, Tetanus, Pertussis, Poliomyelitis, Rubella, Rubeola (measles), Mumps, Hpatitis A, Hepatitis B, Varicella Streptococcus Pneumoniae, and Haemophilus Influenza Type B (Hib) prior to admisstion to a child care or accomodation facility, unless excused because of a religious belief or medical condition. According to Nevada Revised Statutes (NRS 392.435A child enrolling in seventh (7th) grade in a Nevada public or private school after June 30th, 2017 must receive an immuniation against Neisseria meningitidis (meningitis) in the form of the quadrivalent meningococcal conjugate vaccine (MCV4). This requirement does not apply to students enrolled in a Nevada public or private school before July 1st, 2009.

Medical Statement of Immunization

I certify that the above student has met all immunization requirements per NRS 432A.230 for admission into a child care facility, or NRS 392.435 for admission into a public or private school. A certificate is provided showing that the above child has been immunized and has received proper boosters.

Medical provider's name _____ Phone _____

Address _____
Street City State Zip

Student Name _____ Grade _____
Last First

Statement for Religious Exemption

In accordance with Nevada Revised Statutes (NRS) 392.437 for admission to public or private school, or 432.240 for admission to a child care or accomodation facility, I claim religious exemption. My religious belief's prohibit the immunization of my child as per NRS432A.230 or NRS392.435.

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Statement for Medical Exemption

In accordance with Nevada Revised Statutes (NRS) 392.439 for admission to public or private school, or 432.250 for admission to a child care or accomodation facility, a medical exemption is claimed. The above child can not be immunized as per NRS 432A.230 or NRS392.435.

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Medical provider's name _____ Phone _____

Address _____
Street City State Zip

Reviewed by TCMI Staff

TCMI Staff Name (printed) TCMI Staff Signature Date