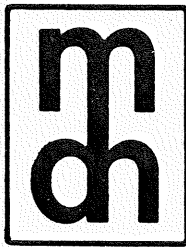


QUESTIONS AND ANSWERS CONCERNING THE SCHOOL IMMUNIZATION LAW

**A practical guide for school
and health officials in implementing
Minnesota Statutes 1988, Section 123.70:
Health Standards; School Children**

AUGUST, 1988



Minnesota Department of Health



Minnesota Department of Education



IMMUNIZATION
Health Protection for All Ages

THE MINNESOTA SCHOOL IMMUNIZATION LAW -- MS 123.70

History

1. What is the history of the school immunization law?

The Minnesota legislature first enacted a school immunization law in 1967. The law at that time required proof of immunization against measles (rubeola) for children prior to their initial enrollment in an elementary school. In 1973 the law was amended to add requirements for rubella (German measles) immunization and also was expanded to include children enrolling in day care centers or nursery schools. In 1978 the law was amended to include immunization against diphtheria, tetanus, pertussis, and mumps. The 1980 amendments strengthened the law by 1) expanding its coverage to all students in grades K through 12, 2) allowing for records maintained by parents to be acceptable proof of immunization, and 3) requiring schools to file an annual report to the Department of Education indicating the number of students in the process of completing their immunizations, not in compliance, or having a legal exemption to the law's requirements.

2. What are the major changes to the 1980 law which will result from the 1988 amendments?

The 1988 legislature amended MS 123.70 (see Attachment 1 for amended law) to accomplish the following in the 1980 law:

- a. the minimum age for a child to have received measles vaccine is increased from 11 months 15 days to 12 months,
- b. the exemptions for mumps immunization for students 7 years of age and older and for rubella immunization for girls 12 years of age and older are removed,
- c. students enrolling in elementary school who are less than 7 years of age must have received 5 doses of vaccine for diphtheria, tetanus, and pertussis, unless the fourth dose was received after the fourth birthday, then 4 doses are minimum, and 4 doses of vaccine for polio, unless the third dose was received after the fourth birthday, then 3 doses are minimum,
- d. an exemption for polio immunization for those 18 years of age and older is added,
- e. children/students enrolling after January 1, 1989 must have the month, day, and year recorded on their immunization records, and
- f. day care centers, i.e. those licensed under Mn Rules, parts 9503.0005 to 9503.0170, must report certain immunization information in summary form to the Department of Human Services.

3. What is the effective date of the 1988 amended law?

H.F. No. 2083, Chapter 430 of the 1988 laws, has an effective date of January 1, 1989.

The Amended Law -- Overall Requirements

4. What are the basic requirements of the amended law?

In order to enroll or remain enrolled in any elementary or secondary school or day care facility, the parent/guardian of the child/student must submit a statement to the school/facility administrator that shows that the child/student is either:

- a) completely immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, or
- b) immunized against measles, mumps, and rubella and has begun but not yet completed a schedule of immunizations against diphtheria, tetanus, pertussis, and/or polio, or
- c) legally exempt to one or more of the required immunizations.

5. What is meant by "completely immunized"?

The following chart may be useful in determining complete immunization for students in elementary and secondary schools:

<u>Age/Grade</u>	<u>Vaccine and Number of Doses</u>		
Kg - 6 years	5 DTP*	4 polio*	1 MMR**
7 yrs - grade 12	3 DTP/DT/Td	3 polio	1 MMR**

* The 5th dose of DTP or 4th dose of polio vaccine is not required if the 4th DTP or 3rd polio was administered after the 4th birthday.

** The measles vaccine component must have been given on or after the student's first birthday.

6. How long can a child with a partial series of DTP/Td or polio immunizations remain enrolled in school?

The law allows a period of 18 months to complete the primary series of immunizations, specified as:

<u>Age of Student</u>	<u>Primary Series of Immunizations</u>	
< 7 years	4 DTP/DT	3 polio
7 years & older	3 Td	3 polio

7. What are the legal exemptions to the law's requirements?

The following exemptions are included in the law:

- a) students who are seven years of age or older are not required to show proof of immunization against pertussis,
- b) students who are 18 years of age or older are not required to show proof of immunization against polio,
- c) students who have a medical contraindication to a particular vaccine or laboratory evidence of disease may submit a statement to that effect which exempts them from the immunization requirement(s), and
- d) students whose parent(s) or guardian(s) are conscientiously opposed to any or all of the immunizations may submit a statement to that effect which exempts them from the immunization requirement(s).

Enforcement and Liability

8. Does the school immunization law conflict with the state's Compulsory Attendance Law (MS 120.10)?

No, the two laws are consistent and enforceable. As early as 1902, the Minnesota Supreme Court ruled that the state's compulsory attendance statute was subordinate to the statutory requirement that school children be vaccinated, because vaccination statutes are a valid exercise of the state's power to preserve public health and prevent spread of disease.(1)

9. Who is responsible for enforcing the school immunization law?

The parent(s) or guardian(s) of the child are the person(s) upon whom the burden of compliance is placed. Enforcement of the law, however, rests with the principal or other person in charge of the school or day care facility. Inferentially, enforcement within a school would lie with the educational chain of command. For example, if a principal refused to require statements of immunization, presumably the school district would be the agency authorized to require a school to comply with the law. Non-compliance by a day care facility could jeopardize licensure.

10. Can a school or day care facility refuse to enroll a child who does not meet the minimum requirements of the law?

Yes, the law not only permits such refusal but, in fact, it is required by the statement "no person over two months may be allowed to enroll...".

11. Can a school or day care facility dismiss a child/student who is already enrolled if he/she does not meet the minimum requirements of the law?

Yes, again the law not only permits the child/student to be dismissed, but it requires it by the statement "no person over two months old may be allowed to ... remain enrolled ...". Since the object of the statute is to prevent the introduction and spread of disease, permitting persons to enroll or remain enrolled in schools or day care facilities would both violate the language of the act as well as violate its purpose.

12. Must a school district follow the procedures contained within the Pupil Fair Dismissal Act (2), M.S. 127.26 to 127.39, if a student is to be denied enrollment or further enrollment because of the failure to fulfill the requirements of the immunization law?

In a 1980 opinion issued to the Bloomington School District, Attorney General Warren Spannaus ruled that a school district "must provide a student sufficient procedural protections to satisfy the constitutional requirements of due process prior to excluding a child from school. However, the district need not follow the provisions of the Pupil Fair Dismissal Act" when enforcing the school immunization law. This Act was "designed to regulate a disciplinary action against a child for willful conduct of the child" in contrast to the immunization law which places the responsibility for taking appropriate action to be in compliance upon the parents(3).

As was previously noted, "students are entitled to due process in determining whether they have failed to comply with the requirements of section 123.70." The opinion further stated that "the purpose of the due process procedure would be simply to determine whether any of the alternative methods of complying with section 123.70 have been met. In creating the procedures to be followed, the school district need only take those steps which will reasonably ensure that an administrative error is not made. First, to determine whether the student had in fact complied with section 123.70 by actually receiving the required immunizations. Second, to determine whether the parents conscientiously objected to the requirement to the immunizations." This implies that the school has informed the parents of the immunization requirements and their child's immunization deficiencies.

13. What liabilities might a school or day care facility face if the law is not enforced?

One of the objectives of requiring immunization of all children is to protect those who are unimmunized because of a medical contraindication or conscientious objection to immunization (both categories are legal exemptions to the law's requirements) and also those who are immunized but have failed to gain adequate immunity because of a vaccine failure (also legally enrolled). If a school or facility were to knowingly admit an enrollee who was not in compliance with the law and they, in turn, were to infect and harm an unprotected but legally enrolled student, a liability suit could be filed by the parents of the latter child. Teachers and staff could also bring suit against the school if they were harmed by one of these diseases as a result of a non-compliant student. One cannot, of course, comment on the ultimate outcome of such a suit.

14. Can a local school board enact policy to assist them in implementing the law?

Yes, provided that the policy does not go beyond the requirements of the law. Subdivision 2 states that the student who has commenced the schedule of immunizations but is not yet completely immunized shall not remain enrolled after 18 months unless a statement is submitted to indicate that he/she is completely immunized against both DTP/Td or polio. For example, a student who is in this situation and is 7 years of age or older should receive 3 doses of vaccine with the interval between dose #2 and #3 of no less than 6 months, according to recommendations of both the American Academy of Pediatrics and the U.S. Public Health Service Advisory Committee on Immunization Practices. The school policy may require that the student who has received only one dose of vaccine may not remain enrolled after a period of 12 months unless he/she has received the 2nd dose, leaving the minimum of a 6 month interval necessary between dose #2 and #3. The school board may not enact a policy that would accomplish complete immunization in a shorter period of time in that the law does allow for eighteen months.

The following chart may assist school administrators in establishing a schedule of exclusion for students who show indications of not completing their primary schedule of immunizations within the 18 month period.

SUGGESTED SCHEDULE OF EXCLUSION DATES MAKING IT POSSIBLE TO ACHIEVE
COMPLETE PRIMARY IMMUNIZATION WITHIN 18 MONTHS OF ENROLLMENT

For Students 6 Years of Age and Younger Not Complete for DTP

Number of Doses Recorded at Time of Enrollment	Maximum Time Interval Allowable Before Student Must be Excluded		
	Dose #2	Dose #3	Dose #4
One	5 mos after Dose #1	6 mos after Dose #1 but no sooner than 4 wks after Dose #2	18 mos after Dose #1 but no sooner than 12 mos after Dose #3
Two	N/A	6 mos after Dose #2	18 mos after Dose #2 but no sooner than 12 mos after Dose #3
Three	N/A	N/A	18 mos after Dose #3

For Students 6 Years of Age and Younger Not Complete for Polio

One	12 mos after Dose #1	18 mos after Dose #1 but no sooner than 6 mos after Dose #2	N/A
Two	N/A	18 mos after Dose #2	N/A

For Students 7 years of Age and Older Not Complete for DTP &/or Polio

One	12 mos after Dose #1	18 mos after Dose #1 but no sooner than 6 mos after Dose #2	N/A
Two	N/A	18 mos after Dose #2	N/A

Records and Record-Keeping

15. What type of documentation is necessary to show compliance with any of the above requirements?

- a. The student who is completely immunized may present a record from a physician, public clinic which provides immunization, or a parent or guardian.
- b. The student who is immunized against measles, mumps, and rubella but still in the process of completing his/her DTP and polio immunizations must submit a record from either a physician or a public clinic which provides immunization.
- c. The student who has a medical exemption must submit a statement signed by a physician.
- d. The student whose parent or guardian is conscientiously opposed to a particular immunization or all immunizations must submit a signed and notarized statement to that effect.

16. Is there a required form which must be filed with the school or day care facility?

No, the "Pupil Health Record -- Immunization Record" and the "Day Care Immunization Record" (see attachment 2 and 3) are examples of records that may be used to indicate compliance with the law. Other records may be developed and used, provided that they include the month, day, and year of each immunization received.

17. Do existing records which indicate month and year of immunization, but do not include day, meet the requirements of the law?

According to the 1988 amendments, no they do not. It was not the intent of the legislature nor the Departments of Health, Education, and Human Services that the law require the addition of the day for those persons already enrolled, but rather that this new requirement apply to new enrollees after January 1, 1989. It is the intent of the Departments to propose an amendment in the 1989 legislature that will change this provision and thus "grandparent" in all records which existed prior to January 1, 1989.

18. How can a school adjust their computerized record-keeping system to add the day of immunization?

If a school is utilizing either the TIES or Metro II system, they should contact either TIES at 612/638-2301 or Metro II at 612/293-5255.

Transfer Students

19. What are the law's requirements for students who are transferring in to a new school district?

The law automatically allows for a 30-day grace period for any student who is transferring in from another school district. This time is provided to obtain school records from the former school if the student does not arrive with them in hand. Once the 30-day period has elapsed, the student must be in compliance, the same as any non-transferring student.

20. What are the school's obligations with regard to a student who is transferring out of the school district?

The law requires that the school assist the student's parent or guardian in the transfer of the immunization record to the school in which the child will be attending within 30 days of the transfer. The school district's policy may govern whether this record to be transferred is the original or a copy thereof. This same assistance should be provided if the student stays within the same school district and changes schools, including the progression to a secondary school. It would be an unfair hardship both for the new school and to the parents to provide complete documentation each time a child changes schools if this record exists in the previously-enrolled school.

Diphtheria, Tetanus, and Pertussis Immunization

21. What is required of students to show evidence of complete immunization against diphtheria, tetanus, and pertussis?

The compliance with this requirement will depend on the student's age. For an elementary school student who is less than 7 years of age, complete immunization consists of 5 doses of vaccine. If the child received his/her fourth dose of DTP after their fourth birthday, then only four doses are required. For the student who is 7 years of age or older, they must show evidence of having received 3 doses of vaccine against diphtheria and tetanus, i.e. DTP, DT, or Td.

22. If a student has a record of three doses of DTP as an infant and is now 7 years of age or older, shouldn't he/she receive a fourth dose of Td vaccine?

While we recognize that the School Immunization Law, as amended in 1980 did require four doses of DTP for all school enrollees, regardless of age, neither the 1988 amended law nor the recommendations of the ACIP or the AAP indicate that a fourth dose should be given. The next dose that would be recommended would be the booster given at 10 years beyond the preceding dose.

23. Does the law require ten year "booster" doses for Td?

No.

24. How do these requirements apply to children enrolled in day care facilities?

All children who are two months of age or older must have documentation of having received at least one dose of DTP. It is possible that some children who are 4 years of age or older may have records to indicate complete immunization, i.e. either 5 doses or 4, with the fourth dose given after the fourth birthday. All other children will need to present proof of having completed a primary series, i.e. 4 doses, within 18 months of their enrollment.

Polio Immunization

25. What is required to show evidence of complete immunization against polio?

Again, depending on the student's age, complete immunization against polio is 4 doses for students who are less than 7 years of age or, if the third dose was given after the student's fourth birthday, then 3 doses are minimum. For all students 7 through 17 years of age, the requirement is 3 doses.

26. How does this requirement apply to children in day care facilities?

All children who are two months of age or older must show evidence of having received at least one dose of polio vaccine. It is possible that children who are four years of age or older may be completely immunized if they have a record of four doses of vaccine or three, if the third dose was administered after the fourth birthday. All other children will need to show evidence of having completed the primary series, i.e. 3 doses, within 18 months of their enrollment.

26. Does the law specify which type of polio vaccine the child must have received?

No, either oral polio vaccine (OPV), inactivated polio vaccine (IPV), or the new enhanced potency inactivated polio vaccine (E-IPV) may have been received by the child/student to meet the requirements of the law.

27. What if an older student with no record or history of polio immunization begins a series of vaccinations but cannot complete them before his/her eighteenth birthday?

Because students are exempt from the polio requirement at age 18, there will be no requirement or recommendation to complete the series.

Measles Immunization

28. Why did the requirement change from a minimum age of 11 months 15 days to 12 months?

The recommended age for receipt of measles immunization has varied over the years since the vaccine was first licensed in 1963. These ages have ranged from nine months of age (<1965) to twelve months (1965-1976) to the current fifteen months (1976). When the law was last amended in 1980, Minnesota was in the midst of a large-scale measles epidemic. Many of the children who had become ill with measles had been vaccinated at too young of an age -- before they could develop adequate antibodies. The recommendations at that time from national medical/health advisory bodies called for reimmunization of children who had been vaccinated before one year of age. When the Department of Health proposed that the 1980 amendments contain a minimum age of 12 months for a child's measles immunization, some physicians thought that this might result in an enormous influx of calls to physicians' offices to verify dates of immunization and that many children would require reimmunization if they had received their measles immunization just shortly before their first birthday. Thus, in order to allow for some flexibility, a compromise age of 11 months 15 days was incorporated so that physicians could use their medical judgment in whether or not to reimmunize and schools could still strictly enforce the law.

The amendments enacted in 1980 provided an essential tool that helped to prevent recurring measles epidemics in the years which followed. The year 1982, in fact, marked the first time in history that Minnesota did not record a single case of measles. Since that time, however, smaller outbreaks of measles have occurred in varying parts of the state. One of the contributing factors to an immunized child becoming ill with measles appears to be an immunization history of having been immunized between 11 months 15 days and 12 months. These children have been, of course, legally enrolled in the school. Minnesota has been the only state in the nation to allow a child to enroll in school with a history of measles immunization before 12 months of age. The change is therefore required to put Minnesota vaccination practices in line with current minimum standards. Again, the recommended age for MMR given at the present time is 15 months of age, not 12 months.

29. Don't current recommendations state that children should be vaccinated at 15 months of age and should schools at least recommend reimmunization of these students?

Yes, recommendations since late 1976 have stated that children should be immunized at 15 months of age. Some serologic studies show lower seroconversion and seroprevalence rates in children vaccinated between 12 and 14 months of age (80%-95%) than in those vaccinated at 15 months of age or older (>95%). Because the vast majority of persons vaccinated between 12 and 14 months of age are fully protected against measles, routine revaccination of such persons is not warranted. In many outbreaks, however, these persons have played a substantial role in perpetuating transmission. Therefore, the ACIP and the MDH recommend that in implementing measles outbreak control procedures, schools may need to identify and recommend reimmunization of students originally vaccinated at 12-14 months(4). Therefore, it may be a good practice to keep a list or have a printout that allows for easy identification of these students.

30. Are there any groups of children that should be recommended to receive reimmunization?

Yes, beyond those referenced in #29 for purposes of outbreak control, the following children should be recommended to be reimmunized:

- those persons who received measles vaccine of unknown type or further-attenuated measles vaccine accompanied by IG
- those persons vaccinated at any age with inactivated vaccine (available in the U.S. from 1963-1967) and persons vaccinated with inactivated vaccine followed by live vaccine within 3 months

31. Can a history of measles disease be accepted in lieu of immunization?

Yes, a student who has experienced measles disease would not be in need of vaccine. Therefore, a physician could sign a medical exemption stating that the immunization was not indicated for medical reasons. This is particularly true for students who were involved in the epidemics in Minnesota during 1977 (2650 cases), 1979 (1219 cases), and 1980 (1104 cases).

Rubella Immunization

32. Why are girls 12 years of age and older no longer exempt from the rubella immunization requirement?

This exemption was incorporated into the law with the 1980 amendments because the immunization recommendations before 1980 included a strong statement not to administer vaccine to any female who was pregnant or would become pregnant within the ensuing three months. This recommendation was based on the theoretical risk of congenital rubella syndrome (CRS) from receiving live rubella vaccine virus. The CDC has maintained a register to monitor and quantitate the risks to the fetus following exposure to live attenuated rubella vaccine virus since 1971. Reports of 1,176 pregnant women, who were given the vaccine either within three months before or three months after their presumed dates of conception, have been followed prospectively by the CDC. These reports have not confirmed any cases of CRS following vaccination (5). Recognizing that a theoretical risk remains, despite absence of any observed risk, the ACIP continues to state that: "1) pregnancy remains a contraindication to rubella vaccination because of the theoretical, albeit small, risk of CRS; 2) reasonable precautions should be taken to preclude vaccination of pregnant women, including asking women if they are pregnant, excluding those who say they are, and explaining the theoretical risks to the others; and 3) because the risk of CRS is so small as to be negligible, rubella vaccination of a pregnant woman should not ordinarily be a reason to consider interruption of pregnancy, even if vaccination does occur within three months of conception"(6).

34. What if a girl is sexually active and refuses to take precautions to prevent a pregnancy?

The parent/guardian would need to present proof of their daughter's immunization against rubella or, in this case, they would likely need the physician to sign a medical exemption.

35. Can a disease history be accepted in lieu of the immunization requirement?

Although it may be possible for a physician to sign a medical exemption based on evidence of previous disease, we would not encourage this unless the diagnosis was confirmed by laboratory evidence.

Mumps Immunization

36. Why was the mumps exemption removed for all students 7 years of age and older?

The mumps immunization exemption for all children 7 years of age and older was originally incorporated into the law for several reasons. For many years, preventing mumps disease had not been a high priority among the health and medical communities. The vaccine used to immunize against mumps had been the most costly of the common childhood vaccines. Mumps vaccine distributed by the Minnesota Department of Health to local health agencies had restrictions placed on its use, including a prohibition for its use in individuals 7 years of age and older because of the economic constraints. Thus, when the law was amended in 1980 to apply to older children, the age exemption for mumps was included because it was felt that the Department's resources, i.e. Federally-supported vaccine, would not be sufficient to meet the needs of the many students who would be in need of a mumps immunization. Additionally, the major emphasis of the 1980 amendments was to counter the measles epidemics which the state was experiencing; reports of mumps cases had been at an all-time low. In the years since 1980, Minnesota has experienced large-scale mumps outbreaks. In 1987, 810 cases were reported -- the largest number over the previous sixteen years. By removing this mumps exemption, the essential tool will once again be in place to prevent recurrence of mumps outbreaks.

37. Can a disease history be accepted in lieu of the mumps immunization requirement?

Although it may be possible for a physician to sign a medical exemption to the mumps immunization requirement because the student has experienced the mumps illness, we would discourage this unless the disease were confirmed by laboratory methods.

Reports to the State

38. What reports are required of day care centers?

The 1988 amendments require that day care centers, i.e. those facilities licensed under Mn Rules, parts 9503.0005 to 9503.0170 (previously referred to as "Rule 3"), must report certain summary data to the commissioner of human services by November 1 of each year. These data are to reflect the number of children enrolled in the facility, the number of children with no immunizations, the number with exemptions, and the number with partial or complete immunization histories. The report forms and procedures for filing the report will be sent to facilities by the Departments of Health and Human Services in late summer or early fall of each year.

39. What reports are required of schools?

There were no changes to the reporting requirement of schools, originally enacted in 1980. Schools will continue to be required to report summary data annually to the Department of Education by early November. These data are to include the number of children attending the school, the number of children who are not immunized according to the law's requirements, and the number of children who have a legal exemption.

Definitions

40. What types of schools or school-based programs are to be covered by the law's requirements?

The law covers all public, private, or parochial elementary and secondary schools. Included in this definition are the following programs:

- students enrolled in Alternative Learning Centers or Alternative Schools
- students enrolled in Outreach Treatment Centers
- students receiving instruction in a home-school
- children enrolled in a Montessori school (the immunization status of children enrolled in grades K through 3 is to be reported to the Department of Education; those who are younger is to be reported to the Department of Human Services - refer to questions 38 and 39)

41. What is meant by "family day care" and "group family day care"?

These terms are used to describe those facilities licensed under Mn Rules 9502.0300 to 9502.0445, previously known as "Rule 2". This incorporates facilities which provide day care for no more than ten children at one time of which no more than six are under school age (family day care) or for no more than 14 children at any one time (group family day care). The licensed capacity must include all children of any caregiver when the children are present in the residence. The law references "family day care" and "group family day care" when specifying the types of day care facilities which are not required to submit annual immunization reports to the commissioner of human services. They are required to comply with all other aspects of the law.

Getting Started

42. Does each student's immunization record need to be reviewed to meet the new requirements?

This depends entirely on how the school has maintained its records in the past. If a school has marked or "flagged" the records of students who were legally in compliance with the law but recommended for additional immunization, e.g. students 7 years of age or older with no documentation of mumps, then it may be an easier task to identify those in need now. Some computer systems may also allow for easy identification.

43. Are there any sample letters that the school can use to explain the new requirements to parents?

Yes, one can be found as Attachment 4.

44. Where should staff at a day care facility or school direct those in need of additional immunization?

It is the philosophy of the Minnesota Department of Health that families should obtain immunizations for their children from their personal physician as part of their well-child care or health supervision. Many areas of the state also offer low-cost public immunization clinics for those who lack financial resources to access the private delivery system. If a school or day care facility finds that there are a large number of enrollees in need of low-cost immunization services, they should call their local community health service agency to see if arrangements can be made for a special clinic.

45. Where should additional questions be directed?

Any question which requires a legal interpretation should be addressed to the facility's or school's attorney. Questions of a more general nature may be directed to any of the following:

Minnesota Department of Health
Immunization Unit
717 Delaware Street Southeast
P.O. 9441
Minneapolis, Minnesota 55440
Phone: 612/623-5237

Minnesota Department of Education
Learner Support Services
550 Cedar Street
St. Paul, Minnesota 55101
Phone: 612/296-4080

Minnesota Department of Human Services
Division of Licensing and Community Services Evaluation
444 Lafayette Road
St. Paul, Minnesota 55101
Phone: 612/296-3971

REFERENCES

1. State ex rel. Freeman v. Zimmerman, 86 Minn. 353.90 N.W. 783 (1902).
2. Minns Stat. s 127.26 to 127.39.
3. Op. Atty. Gen. 169-W (July 23, 1980).
4. Centers for Disease Control. Measles Prevention. MMWR 1987; 36:409-418,423-425.
5. Centers for Disease Control. Rubella Vaccination During Pregnancy -- United States, 1971-1986. MMWR 1987; 36:457-461.
6. Centers for Disease Control Rubella Prevention. MMWR 1984; 33:301-310, 315-318.

Minnesota Statutes 1988, Section 123.70
The Minnesota School Immunization Law

Subdivision 1. Except as provided in subdivisions 3 and 4, no person over two months old may be allowed to enroll or remain enrolled in any elementary or secondary school or day care facility in this state until the person has submitted to the administrator or other person having general control and supervision of the school or day care facility, one of the following statements:

(1) A statement from a physician or a public clinic which provides immunizations stating that the person has received immunization against red measles after having attained the age of 12 months, rubella, diphtheria, tetanus, pertussis, polio and mumps and which indicates the month, day, and year of each immunization received; or,

(2) A statement from a physician or a public clinic which provides immunizations stating that the person has received immunizations against red measles after having attained the age of 12 months, rubella, mumps and that the person has commenced a schedule of immunizations for diphtheria, tetanus, pertussis and polio and which indicates the month, day, and year of each immunization received.

Subdivision 2. No person who has commenced a treatment schedule of immunization pursuant to subdivision 1, clause (2), may remain enrolled in any day care facility, elementary, or secondary school in this state after 18 months of enrollment unless there is submitted to the administrator, or other person having general control and supervision of the school or day care facility, a statement from a physician or a public clinic which provides immunizations that the person has completed the primary schedule of immunizations for diphtheria, tetanus, pertussis, and polio and in which the month, day, and year of each additional immunization received is included. For a child less than seven years of age, a primary schedule of immunizations shall consist of four doses of vaccine for diphtheria, tetanus, and pertussis and three doses of vaccine for poliomyelitis. For a child seven years of age or older, a primary schedule of immunizations shall consist of three doses of vaccine for diphtheria, tetanus, pertussis and polio.

Subdivision 3. (a) If a person is at least seven years old and has not been immunized against pertussis, the person must not be required to be immunized against pertussis.

(b) If a person is at least eighteen years old and has not completed a series of immunizations against poliomyelitis, the person must not be required to be immunized against poliomyelitis.

(c) If a statement, signed by a physician, is submitted to the administrator or other person having general control and supervision of the school or day care facility stating that an immunization is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists, the immunization specified in the statement need not be required.

(d) If a notarized statement signed by the minor child's parent or guardian or by the emancipated person is submitted to the administrator or other person having general control and supervision of the school or day care facility stating that the person has not been immunized as prescribed in subdivision 1 because of the conscientiously held beliefs of the parent or guardian of the minor child or of the emancipated person, the immunizations specified in the statement shall not be required. This statement must also be forwarded to the commissioner of the department of health.

(e) If the person is under 15 months, the person is not required to be immunized against red measles, rubella, or mumps.

Subdivision 4. A person who is enrolling or enrolled in an elementary or secondary school or day care facility may substitute a statement from the emancipated person or a parent or guardian if the person is a minor child in lieu of the statement from a physician or public clinic which provides immunizations. If the statement is from a parent or guardian or emancipated person, the statement shall indicate the month, day, and year of each immunization given. In order for the statement to be acceptable for a person who is six years of age or younger, enrolling in an elementary school or day care facility, it must indicate that the following was given: no less than one dose of vaccine each for measles, mumps, and rubella given separately or in combination, and no less than four doses of vaccine for poliomyelitis, unless the third dose was given after the fourth birthday, then three doses are minimum, and no less than five doses of vaccine for diphtheria, tetanus, and pertussis, unless the fourth dose was given after the fourth birthday, then four are minimum. In order for the statement to be acceptable for a person who is seven years of age or older, enrolling in an elementary or secondary school, the statement must indicate no less than one dose of vaccine each for measles, mumps, and rubella given separately or in combination, and no less than three doses of vaccine for poliomyelitis, diphtheria, and tetanus. The commissioner of health, on finding that any of the above requirements are not necessary to protect the public's health, may suspend for one year that requirement.

Subdivision 5. If a person transfers from one elementary or secondary school to another, the person shall be allowed 30 days to submit one or more of the statements as specified in subdivision 1 or 3, during which time the person may enroll in and attend the school.

Subdivision 6. If the commissioner of health finds that an immunization required pursuant to this section is not necessary to protect the public's health, he may suspend for one year the requirement that children receive that immunization.

Subdivision 7. Each school or day care facility shall maintain on file immunization records for all person in attendance which contains the information required by subdivisions 1, 2 and 3. The department of health and the local board of health in whose jurisdiction the school or day care facility is located shall have access to the files maintained pursuant to this subdivision. When a person transfers to another elementary or secondary school or day care facility, the administrator or other person having general control and supervision of the school or day care facility shall assist the person's parent or guardian in the transfer of the immunization file to the person's new school or day care facility within 30 days of the transfer.

Subdivision 8. The administrator or other person having general control and supervision of the elementary or secondary school shall file a report with the commissioner of education on all children enrolled in the school. The school report shall be prepared on forms developed jointly by the commissioner of health and the commissioner of education and be distributed to the local school districts by the commissioner of health and shall state the number of children attending the school, the number of children who have not been immunized according to subdivision 1 or 2, and the number of children who received an exemption under subdivision 3, clause (c) or (d). The school report shall be filed with the commissioner of education within 60 days of the commencement of each new school term. The commissioner of education shall forward the report, or a copy thereof, to the commissioner of health who shall provide summary reports to local boards of health. The administrator or other person having general control and supervision of the day care facility shall file a report with the commissioner of human services on all children enrolled in the day care facility. The day care facility report must be prepared on forms developed jointly by the commissioner of health and the commissioner of human services and be distributed to day care facilities by the commissioner of health and must state the number of children enrolled in the facility, the number of children with no immunizations, the number of children who received an exemption under subdivision 3, clause (c) and (d), and the number of children with partial or full immunization histories. The day care facility report shall be filed with the commissioner of human services by November 1 of each year. The commissioner of human services shall forward the report, or a copy thereof, to the commissioner of health who shall provide summary reports to local boards of health. The report required by this subdivision is not required of a family day care or group family day care facility.

Subdivision 9. As used in this section the following terms have the meanings given them.

(a) "Elementary or secondary school" includes public, private, or parochial schools.

(b) "Family day care" means day care for no more than ten children at one time of which no more than six are under school age. The licensed capacity must include all children of any caregiver when the children are present in the residence.

(c) "Group family day care" means day care for no more than 14 children at any one time. The total number of children includes all children of any caregiver when the children are present in the residence.

(EFFECTIVE DATE.) Sections 1 to 8 are effective January 1, 1989.

(unofficial engrossment)
Distributed by the Minnesota Department of Health

Attachment 2

NAME	STUDENT NO.
BIRTHDATE	PUPIL HEALTH RECORD IMMUNIZATION RECORD

FOR SCHOOL USE ONLY

- ☐ Complete; booster recommended in _____
☐ In Process; 18 mo. expires _____
☐ Medical Exemption* for _____
☐ Conscientious Objection* for _____

Minnesota Statutes 1988, Section 123.70, requires that all children who are enrolled in a Minnesota school be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, allowing for certain specified exemptions*. This form is designed to provide the school with information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

Enter the MONTH, DAY, and YEAR in which the pupil received each of the following vaccines.
DO NOT USE (✓) or (X).

TYPE OF VACCINE	1st Dose MM/DD/YY	2nd Dose MM/DD/YY	3rd Dose MM/DD/YY	4th Dose MM/DD/YY	5th Dose MM/DD/YY	6th Dose MM/DD/YY
(Diphtheria, Tetanus DTP and Pertussis)						
POLIO						
MEASLES						
RUBELLA		BOLD area indicates the minimum number of doses which are required for school entrance. See reverse side for special exceptions.				
MUMPS						

Indicate immunization status and source of above information by choosing one of the following alternatives:

1. ☐ I certify that the above named child is completely immunized according to Minnesota state law for school enrollment.

Signature of physician or public clinic

Date

2. ☐ The above information has been transferred from records maintained by the child's parent /guardian and indicates that the required number of doses of vaccine have been received.

Signature of parent or legal guardian

Date

3. ☐ I certify that the above named child has received at least one dose of each vaccine and is in the process of completing the DTP/Td and/or polio vaccine series. The dates for which the remaining doses are to be given are: _____

Signature of physician or public clinic

Date

(Note: If information submitted for the above three alternatives has been received verbally or from pre-existing records, the school should indicate the source of the original information and include initials of the recorder.)

*See reverse side

LEGAL EXEMPTIONS TO MINNESOTA STATUTES 1988, SECTION 123.70

1. No student 7 years of age or older shall be required to be immunized against pertussis.
2. No student 18 years of age or older shall be required to be immunized against poliomyelitis.
3. No student shall be required to receive an immunization for which laboratory evidence of immunity exists or for which there is a medical contraindication. The following (or similar) statement must be signed by a physician in order for the student to receive a medical exemption.

I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists for the following immunizations: _____

Signature of physician

Date

4. No student shall be required to receive an immunization which is contrary to the conscientiously held beliefs of the parent or guardian. The following (or similar) statement must be signed and notarized in order for the student to receive an exemption.

I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s) _____

Signature of Parent or Legal Guardian

Date

Subscribed and sworn to before me this _____ day of _____ 19__.

Signature of notary

SPECIAL EXCEPTIONS

Children less than 7 years of age

The 5th dose of DTP or 4th dose of polio vaccine is not necessary if the 4th DTP or 3rd polio was administered after the 4th birthday.

Children 7 years of age and older

For children >7 yrs. of age, 3 doses of DTP, DT or Td vaccine and 3 doses of polio vaccine are sufficient to meet the minimum requirements of the law.

Attachment 3

DAY CARE IMMUNIZATION RECORD

Name
Birthdate
Date of Enrollment

FOR DAY CARE USE ONLY

- ☐ Complete [minimum number of doses have been received]
☐ Up to Date for age; next dose due _____
☐ In Process; 18 month expires _____
☐ Medical Exemption* for _____
☐ Conscientious Objection* for _____

Minnesota Statutes 1988, Section 123.70, requires that all children who are enrolled in a Minnesota day care facility be immunized against diphtheria, tetanus, pertussis, polio, measles, rubella, and mumps, allowing for certain specified exemptions*. This form is designed to provide the facility with information required by the law and will be available for review by the Minnesota Departments of Health and Human Services and the local community health board and social service agency.

Enter the MONTH, DAY, and YEAR of each dose. DO NOT USE [] or [X].

TYPE OF VACCINE	1st Dose MO/DAY/YR	2nd Dose MO/DAY/YR	3rd Dose MO/DAY/YR	4th Dose MO/DAY/YR	5th Dose MO/DAY/YR
[Diphtheria, Tetanus DTP and Pertussis]					
POLIO					
MEASLES					
RUBELLA					
MUMPS					

BOLD area indicates the minimum number of doses necessary to complete the primary series for children 18 months of age or older.

ONE OR MORE OF THE FOLLOWING MUST BE CHECKED AND SIGNED.

1. ☐ I certify that the above named child is appropriately immunized for his/her age, according to Minnesota state law for day care enrollment. If child is in the process of completing a primary series as indicated above, the dates for which the remaining doses are to be given are:

[The child must complete DTP/Td and polio series within 18 months to remain enrolled]

Signature of Physician or Public Clinic

Date

2. ☐ The above information has been transferred from records maintained by the child's parent/guardian and indicates that the minimum required number of doses of vaccine have been received. (ONLY APPLIES FOR CHILDREN 4 YEARS OF AGE OR OLDER WHO HAVE RECEIVED THEIR SCHOOL ENTRANCE BOOSTERS.)

Signature of Parent or Legal Guardian

Date

3. ☐ For children who are behind schedule: I certify that the above named child has received at least one dose of each vaccine and is in the process of completing the DTP/Td and/or polio vaccine series. The dates for which the remaining doses are to be given are:

[The child must complete DTP/Td and polio series within 18 months to remain enrolled]

Signature of Physician or Public Clinic

Date

*see reverse side

LEGAL EXEMPTIONS TO MINNESOTA STATUTES 1988, SECTION 123.70

1. No child under two months of age shall be required to be immunized pursuant to this law.
2. No child under 15 months of age shall be required to be immunized against measles, mumps or rubella.
3. No child 7 years of age or older shall be required to be immunized against pertussis.
4. No child shall be required to receive an immunization for which laboratory evidence of immunity exists or for which there is a medical contraindication. The following (or similar) statement must be signed by a physician in order for the child to receive a medical exemption.

I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists for the following immunizations:_____

Signature of Physician

Date

5. No child shall be required to receive an immunization which is contrary to the conscientiously held beliefs of the parent or guardian. The following (or similar) statement must be signed and notarized in order for the child to receive an exemption.

I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s)_____

Signature of Parent or Legal Guardian

Date

Subscribed and sworn to before me this _____ day of _____ 19__.

Signature of Notary

A COPY OF STATEMENT 5 WILL BE FORWARDED TO THE COMMISSIONER OF THE DEPARTMENT OF HEALTH.

(Sample Notice to be Reprinted on School Letterhead)

Dear Parent:

Minnesota Statutes 123.70, the School Immunization Law, was amended during the 1988 legislative session to require additional immunization for some school children. These requirements can be waived only for medical reasons or if you are conscientiously opposed to a particular immunization.

In the past few years, Minnesota has once again experienced outbreaks of measles in school-settings. Many of these ill students were vaccinated at an age when they could not develop adequate protection against the disease. Mumps disease also has heavily affected Minnesota's school children; 810 cases in all were reported in 1987.

According to school health records on file for your child, he/she is in need of additional immunization in order to meet the expanded requirements of the law which will take effect on January 1, 1989. If you cannot provide additional immunization information for your child at this time, you will need to schedule an appointment with your usual source of immunization services as soon as possible to assure your child's compliance with the law by the effective date. Complete this form with the full date(s), i.e. month, day, and year, in the space provided and return the bottom portion to the school as soon as possible.

The immunization(s) that are needed to provide evidence of compliance with the amended law are checked below. If you need information on how to show evidence of a legal exemption to the law's requirements, you may contact the school office at _____.

School Official

Student's Name _____ Birthdate _____

____ Measles Vaccine Date Received _____
(on or after first birthday)

____ Mumps Vaccine Date Received _____

____ Rubella Vaccine Date Received _____

____ Fifth Dose of DTP Date Received _____

____ Fourth Dose of Polio Vaccine Date Received _____

Signature of Parent or Legal Guardian

