

Vaccinate *before you* Graduate

Is your teen up-to-date?

What is Vaccinate Before You Graduate?

VBYG is an adolescent immunization program open to all students in grades 9 - 12. Students should visit their doctors every year for immunizations, however all immunizations that students need are also available through VBYG.

When and where are clinics held?

All clinics are held in school during the school day. Visit the website listed below for the date of the next clinic at your child's school.

How much do vaccinations cost?

There is no out-of-pocket cost for vaccinations. Insurance information will be collected for students, but no student will be turned away for a lack of insurance.

How do I know what vaccines my child needs?

Either contact your child's primary care provider or ask your child's school nurse.

What vaccines are available at these clinics?

Hepatitis A • Hepatitis B • Human Papillomavirus (HPV) for males and females
Influenza • Meningitis • Measles, Mumps, and Rubella (MMR) • Polio
Tetanus, Diphtheria, and Pertussis (Tdap) • Varicella (Chickenpox)

How do I register my child?

- View the vaccine information statement for each vaccine. Vaccine Information Statements explain the benefits and risks of each vaccine. They are available at the website listed below or can be requested by calling the number below.
- Fill out the enclosed consent form and return it to your child's school nurse or register online (www.thewellcomp.com).

**Hablamos español • Falamos português
Nous parlons français**

For more information, contact
the Wellness Company:
401-461-0662
www.thewellcomp.com



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**SUMMARY OF IMMUNIZATION REQUIREMENT CHANGES
RHODE ISLAND PRESCHOOL (INCLUDES CHILD CARE), SCHOOL, AND COLLEGE/UNIVERSITIES**

Immunization Regulations	Current Requirements	New Requirements Effective August 1, 2015
Preschool & Childcare Centers	<p><i>Children:</i> "Age appropriate immunization for all CDC recommended vaccines" includes DTaP, HepB, polio, PCV, Hib, MMR, varicella</p> <p><i>Child care workers:</i> no vaccines currently required in regulations</p>	<p><i>Add vaccines for children:</i></p> <ul style="list-style-type: none"> ▪ Rotavirus ▪ Hepatitis A ▪ Influenza <p><i>Add for child care workers:</i> 1 Tdap; annual influenza vaccination; 2 MMR, 2 varicella (reference 1&2)</p>
Kindergarten	<ul style="list-style-type: none"> ▪ 3 Hepatitis B ▪ 4-5 DTaP ▪ 3-4 Polio ▪ 2 MMR ▪ 2 Varicella 	<p><i>Add:</i></p> <ul style="list-style-type: none"> ▪ Polio change: All kids will need documentation of a dose of polio given after 4 yrs of age (even if 4 doses were given before 2 years) <p>(reference 2)</p>
Grade 7	<ul style="list-style-type: none"> ▪ 1 Tdap ▪ 1 MCV 	<p><i>Add:</i> 3 HPV (males & females) (reference 2)</p> <p><u>3.3.7 Human Papillomavirus (HPV) Vaccine</u></p> <p>(a) Beginning August 1, 2015, all students upon entry to seventh (7th) grade, shall be required to have at least one (1) dose of the HPV vaccine series.</p> <p>(b) Beginning August 1, 2016, all students entering eighth (8th) grade shall be required to have at least two (2) doses of the HPV vaccine series.</p> <p>(c) Beginning August 1, 2017, all students entering ninth (9th) grade shall be required to have completed the HPV vaccine series (3 doses).</p>
Grade 12	Evidence of all of above	<p><i>Add:</i></p> <p>Booster dose of meningococcal vaccine (MCV) for entry into 12th grade (CDC recommends booster at <u>age 16</u> reference 2)</p> <p><i>Note: this is required for students in 12th grade because all students entering 12th grade are at least 16 years of age.</i></p>
College	<ul style="list-style-type: none"> ▪ 3 Hepatitis B ▪ 1 Td ▪ 2 measles/1 mumps/1 rubella ▪ 2 Varicella ▪ Meningococcal vaccine recommended only but colleges are <u>required</u> to provide educational information about meningococcal disease and availability of vaccine 	<p><i>Add:</i></p> <ul style="list-style-type: none"> ▪ 1 Tdap ▪ 2 MMR ▪ Meningococcal vaccine: <p>(a) One (1) dose of meningococcal conjugate (MCV4) vaccine is required for previously unvaccinated newly enrolled full-time undergraduate and graduate students (under twenty-two (22) years of age) in a degree program at a college or university who will live in a dormitory or comparable congregate living arrangement approved by the institution.</p> <p>(b) Evidence of a second (booster dose) of MCV4 vaccine is required for incoming students (under twenty-two (22) years of age) if the first dose was given before sixteen (16) years of age. (reference 2)</p>

References

1. National Resource Center for Health and Safety in Child Care and Early Education 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* <http://nrekids.org>
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) *Vaccines and Immunizations: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, Available online at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#vacc>

Vaccinate Graduate

VACCINE CONSENT FORM



PERSONAL INFORMATION			Year of Graduation: _____	
School Student Attends: _____			Date of Birth: ___/___/___	
Print Student Name Last: _____		First: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address: _____		City: _____	St: _____	Zip: _____
Print Parent/Guardian Name: _____			Daytime Phone #: _____	
HEALTH INSURANCE INFORMATION				
Name of Insurance Company: _____				
Member Id: _____		Group # (if applicable): _____		
<input type="checkbox"/> No Insurance				
MEDICAL SCREENING FOR VACCINE ELIGIBILITY				
1. Does your child have allergies to medications, food, or any vaccine? Y / N If yes, list: _____				
2. Has your child ever had a serious reaction to a vaccine in the past? Y / N If yes, explain: _____				
3. Has your child ever had a seizure or brain problem? Y / N				
4. Does your child have leukemia, AIDS, or any other immune system condition? Y / N				
5. Does your child take cortisone, prednisone, steroids or anti-cancer drugs? Y / N				
6. Received a blood transfusion, blood products, or been given immune (gamma) globulin in the past year? Y / N				
7. Has your child received any vaccinations in the past 4 weeks? Y / N If yes, which vaccine(s): _____				
CONSENT FOR VACCINATION IN SCHOOL SETTING				
I have viewed the Vaccine Information Statement(s) for the vaccine(s) requested at http://www.immunize.org or obtained a hard copy by calling the Rhode Island Department of Health at 401-222-5960. I understand the benefits and risks of the vaccine(s) requested.				
I understand that a record of vaccinations administered in this program will be submitted to the statewide database, KIDSNET within 48 hrs of vaccination. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine.				
PARENT SIGNATURE REQUIRED NEXT TO EACH VACCINE REQUESTED:			Vaccination History <i>List Dates if Available</i>	
HEP A	X _____	DATE: _____	DOSE #1 _____	#2 _____
HEP B	X _____	DATE: _____	DOSE #1 _____	#2 _____ #3 _____
HPV	X _____	DATE: _____	DOSE #1 _____	#2 _____ #3 _____
MMR	X _____	DATE: _____	DOSE #1 _____	#2 _____
MENINGITIS	X _____	DATE: _____	DOSE #1 _____	#2 _____ #3 _____
POLIO	X _____	DATE: _____	DOSE #1 _____	#2 _____ #3 _____
TDAP / TD	X _____	DATE: _____	TDAP: _____	Td: _____ Td: _____
CHICKEN POX	X _____	DATE: _____	DOSE #1 _____	#2 _____ DATE DX: _____
<p><i>The vaccine(s) checked should be given to the student named for whom I am authorized to make this request. I understand that all doses indicated for each vaccine are needed to receive full protection.</i></p>				

Return This Form To Your School Nurse