

**APPENDIX II. IMMUNIZATIONS****Law**

Section 411 of Title 10 of the Oklahoma Statutes mandates children attending child care obtain, at the medically appropriate time, the Required Immunization Schedule vaccines.

**Law Exemptions**

Exemptions from the law are allowed for medical, religious, and personal reasons. Summaries are below, including procedures for obtaining exemptions and exclusions.

**Medical.** For exemptions based on medical reasons, Oklahoma State Department of Health (OSDH) Form ODH 216A, Certificate of Exemption, must be signed by a licensed physician and state the child's physical condition is such that a particular immunization would endanger the life or health of the child. The parent is responsible for obtaining the signature of the physician.

**Religious.** For exemptions based on religious reasons, an ODH 216A must be signed by a parent or religious leader or a written statement signed by a parent or religious leader may be attached to the Certificate of Exemption.

**Personal.** For exemptions based on personal beliefs, an ODH 216A must be signed by a parent and include a brief written statement summarizing his or her objections to immunizations.

**Exemption Procedures.** Programs willing to enroll an unimmunized child based on an exemption, obtain Form ODH 216A from the OSDH Immunization Service, 1-800-234-6196. Parents complete the form, obtain the required signatures, and return it to the program. Programs review the form for proper completion and signatures, keep a copy in place of an immunization record, and send a copy to the OSDH Immunization Service for approval.

**Exclusion of exempt children during outbreaks.** If there is an outbreak of a vaccine-preventable disease, programs may be required to exclude unimmunized children based on exemptions or family emergencies. The exclusion may be a lengthy period of time. The Commissioner of Health makes this decision and the program would be contacted by a representative of the health department. The program is responsible for informing the parent of this possibility at the time the Certificate of Exemption is accepted by the program.

**Family Emergencies.** This provision applies in rare instances when a true family emergency exists, such as a death in the family. A program may allow a child to enter and remain for up to 30 calendar days, without an immunization record. However, a dated and signed parent statement is required. The record must be provided at the earliest possible opportunity. If at the end of 30 days an up-to-date record has not been provided, the program must exclude the child. No child may receive this waiver more than once.

### Required Immunization Schedule

**Due** Immunizations are due according to this Required Immunization Schedule, unless there are late dose revisions (see next page).

Dose due that month.    
  Dose due at the end of the age range, but may be given anytime during the age range.

**E** = Late Dose Exceptions (see next page)

**Past Due** Immunizations are past due the month following the age due.

	Birth	2 Mos.	4 Mos.	6 Mos.	12 Mos.	15 Mos.	18 Mos.	23 Mos.	***	4 – 6 Years
<b>Hep B</b>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>DTaP</b>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Hib*</b>		<input style="border: 1px solid black; border-radius: 50%; padding: 2px;" type="radio"/> E	<input style="border: 1px solid black; border-radius: 50%; padding: 2px;" type="radio"/> E		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>IPV</b>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MMR</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Varicella**</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PCV</b>		<input style="border: 1px solid black; border-radius: 50%; padding: 2px;" type="radio"/> E	<input style="border: 1px solid black; border-radius: 50%; padding: 2px;" type="radio"/> E	<input style="border: 1px solid black; border-radius: 50%; padding: 2px;" type="radio"/> E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Hep A***</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid black; padding: 2px;" type="checkbox"/> E	

\* **Hib** may be complete with three or four doses depending on the vaccine brand used

\*\* **Varicella** vaccine is not required, if a parent or treating medical physician statement states the child had Chickenpox

\*\*\* **Hep A dose 2** is due six to 18 months after dose one

Refer to the Oklahoma State Department of Health website for the immunization schedule required for children seven years of age and older.

**Late Doses = Revised Due Dates**

When a dose is received late, the remaining doses may have a different due date than shown on the Required Immunization Schedule.

All remaining doses are due one to two months after the previous dose, unless:

- the schedule allows more time; or
- if one of these exceptions (E) apply.

**DTaP dose 4** is due six to 12 months after dose three

**Hep A dose 2** is due six to 18 months after dose one

**Late Doses = Revised Number of Doses**

When a dose is received late, usually the same number of doses is required. However, fewer doses may be required once a child reaches a certain age if one of these exceptions (E) applies.

**Hib**

- If one dose is given at 15 months of age or older, regardless of the number of previous doses received, no more doses are required.
- If a child is 5 years of age or older, no doses are required.

**PCV**

- If two doses are given at 12 months of age or older, regardless of the number of previous doses received, no more doses are required.
- If one dose is given at 24 months of age or older, regardless of previous doses received, no more doses are required.
- If a child is 5 years of age or older, no doses are required.

**Vaccine Names and Combination Vaccines**

Use this chart to determine what vaccines have been received. Combination vaccines have two or more vaccines in one shot.

<b>Vaccine</b>	<b>Disease</b>	<b>Vaccine Brand Names and Abbreviations</b>
Hep B	Hepatitis B	Comvax, HBV, Hep B Pediatric, Engerix-B, Pediarix, Recombivax
DTaP	Diphtheria, Tetanus, & Pertussis (Whooping Cough)	Daptacel, DT, DTP, Infanrix, Kinrix, Pediarix, Pentacel, TriHIBit
Hib	Haemophilus Influenzae Type B	ActHIB (PRP-T), Comvax, HbCV, HbOC, Hib conjugate, Hiberix, Pedvax HIB (PRP-OMP), Pentacel, TriHIBit
IPV	Polio	Kinrix, OPV, Pediarix, Pentacel
MMR	Measles, Mumps, & Rubella	M-M-R II, MMRV, ProQuad
Varicella	Chickenpox	MMRV, ProQuad, VAR, Varivax
PCV	Pneumococcal	PCV 7 or 13, Pneumococcal Conjugate, Prevnar
Hep A	Hepatitis A	HAV, Havrix, Vaqta