

Immunization Action Plan

The Code of Virginia requires all students to be immunized against certain diseases before entering Fairfax County Public Schools (FCPS).

A review of your student's record shows missing or incorrectly spaced immunizations.

Students who meet the criteria of a medical or religious exemption to the required immunizations may submit one of the following to the school:

- A healthcare provider's written statement of a permanent or temporary medical exemption.
- A notarized [Religious Exemption Form](#) objecting to the administration of immunizations on the grounds this conflicts with his or her religious tenets or practices.

As per FCPS [Regulation 2107](#), if you can't get the required immunizations within 90 days of conditional enrollment, a completion plan will be made. Please complete and submit the plan below to

at your _____ (Name of SIA/Registrar)
_____ (School) .

Please contact _____ at _____ if you have any questions or need additional assistance.
(Name of SIA/Registrar) (email/phone number)

Student Name (First, Last):	Student Date of Birth:	Student ID:	School:
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This is to certify that my student will be vaccinated according to the plan noted below. I must give my student's school an updated immunization record within three days of getting the immunizations. I understand that, without the vaccinations and records, my child will be excluded from school.

Appointment Date(s): _____

Vaccination appointment dates were provided verbally by the parent/guardian on _____ (Date)
and noted on the action plan by _____ (Staff Member/Title) .

Vaccine(s) that will be given at the above appointment(s):

<input type="checkbox"/> Diphtheria, Pertussis, Tetanus (DTaP/Dt/Td)	<input type="checkbox"/> Varicella (Chicken Pox)
<input type="checkbox"/> Poliovirus (IPV)	<input type="checkbox"/> Diphtheria, Pertussis, Tetanus Booster (Tdap)
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningococcal (MenACWY)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles, Mumps, Rubella (MMR)
<input type="checkbox"/> Human Papillomavirus (HPV)*	

**The parent or guardian, at their sole discretion, may elect for the student not to receive the HPV series. Documentation of vaccine or exemption is not required.*

Health Care Provider's Name:	Health Care Provider's Phone #:	
Parent/Guardian Name (Print):	*Parent/Guardian Signature:	*Date:

***Vaccination appointment dates may be provided verbally by the parent/guardian and noted on the plan by FCPS staff.**
The School's SIA/SSA/Registrar will maintain this form in the health section of the student's cumulative folder.
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