

CO-OP ADULT MEDICAL REQUIREMENTS

In compliance with Licensing and state law, **ALL** co-oping adults are required to have on file proof of:

1. **Pertussis** (Whooping Cough) vaccination
Commonly administered with tetanus via a combo vaccine called Tdap
2. **Measles** vaccination
Most commonly administered via the combo vaccine MMR, but may have been administered independently. For our co-oping grandparents, please be advised that those born prior to 1957 are exempt from the Measles vaccine requirement.
3. **Negative TB (Tuberculosis) Test**
*The results of a skin or blood test may be submitted. In the event the result is positive, a negative chest x-ray is necessary to meet the requirement. Results must be obtained within the 12 months prior to the start of the school year. **Current or alum families must obtain a new TB test for a newly enrolled child.***
4. **Influenza** Vaccination or Declination Form
Must be submitted annually. The vaccination must be obtained between August 1 and December 1.

Pertussis, Measles and TB results need to be submitted once, when a child starts at Trinity. The Influenza requirement is annual. **If not already on file, Pertussis, Measles and TB requirements must be met by August 1 and returned with your enrollment paperwork. Proof of the Influenza vaccination or the Declination form (attached) must be returned to the school office no later than December 1.**

Compliance with the above requirements can be secured by submitting **hardcopies only** of:

1. An immunization record documenting Pertussis and Measles vaccines**; **or**

A signed letter from a licensed physician documenting your immunity to Pertussis and Measles; **or**

A signed letter from a licensed physician declaring that immunization is unsafe for you due to a physical condition or medical circumstance.
2. A copy of your TB test results (test must be within 12 months of the start of the school year).
3. A copy of your Influenza vaccination obtained between August 1 and December 1 of the current school year, or submission of the Influenza Vaccination Declination Form.

** Proof of immunity is often obtained during pregnancy. Please check with your Physician / OB.

Please proceed to cover form on next page.

CO-OP ADULT MEDICAL REQUIREMENTS COVER FORM

1. Please complete one form per co-oping adult.

2. Attach documentation.

Incomplete sets, or emailed results will be returned.

Name: _____

Date: _____

Please print.

Child(ren)'s Last Name: _____

Class(es): AM TWOs PM TWOs TTH/TTH Flex MWF3s MWF Pre-K PM Pre-K

My child attended last year and I have Pertussis, Measles and TB test results on file.

I have attached proof of Pertussis and Measles** immunity and a negative TB test results .

** I was born prior to 1957 and am exempt from the Measles vaccine requirement.

I have attached a letter from my physician detailing a medical exemption.

I am intending to obtain an Influenza vaccine between August 1 and December 1 and will forward the results by December 2.

I have attached the Influenza Vaccination Declination Form.

FOR OFFICE USE ONLY:

Documents on file

Proof of Influenza Vaccination received. Date: _____

Follow up needed:
