Form 5

IMMUNIZATION POLICY ACKNOWLEDGMENT

THE ROMAN CATHOLIC ARCHDIOCESE OF WASHINGTON – CATHOLIC SCHOOLS

ALL PARENTS OF STUDENTS ATTENDING ARCHDIOCESAN CATHOLIC SCHOOLS IN THE DISTRICT OF COLUMBIA MUST READ THIS FORM, SIGN BELOW, AND RETURN IT TO YOUR CHILD'S SCHOOL WITH THE DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE.

To All Parents of Students in Archdiocesan Catholic Schools in the District of Columbia

It is the policy of the Roman Catholic Archdiocese of Washington that all students attending schools in the archdiocese must be fully immunized in accordance with immunization requirements against contagious diseases published by the local department of health. If your child has a valid medical contraindication to being immunized, and such contraindication is documented by a physician, an exemption may be permitted for the length of time certified necessary by the child's physician.

Immunization in accordance with the Roman Catholic Archdiocese of Washington's policy is a condition for admission into all archdiocesan Catholic schools. To be admitted to attend classes, there must be two forms related to immunization on file at your child's school by the first day of school, and they are:

1. THIS FORM, completed and signed; and
2. DC Universal Health Certificate, signed by a medical provider and parents (Pages 2 and 3).

Acknowledgment

To All Parents/Guardians: Please provide the following information and sign below to acknowledge that you understand and agree to this policy.

Child's Name: _____
Last *First* *M.I.* *(Jr., III)*

School: _____ Sex: ☐ *Male* ☐ *Female* Date of Birth: _____ *mm/dd/yyyy*

Parent/Guardian Name: _____ Home Phone: _____

Home Address: _____
Street Address *Suite #*

_____
City *State* *ZIP Code*

I have read and understand the Roman Catholic Archdiocese of Washington's Immunization policy listed above:

Parent/Guardian Signature: _____ Date: _____
Please Sign *mm/dd/yyyy*

To Parents of Rising 6th Grade Students Only:

In addition to the District of Columbia Universal Health Certificate, you will be receiving information issued by the District of Columbia government concerning the new Human Papillomavirus ("HPV") Vaccine. You have also received a letter from the Superintendent, containing information about HPV in light of Catholic teaching.

As parents of a rising 6th grade student, if you have decided to opt out of the HPV vaccine for any reason, then you must completed the Human Papillomavirus Opt-Out Form (Page 4) in addition to pages 1, 2, and 3 listed above.

☐ Please check this box if you chose to opt out of the HPV vaccine, and have returned the signed Opt-Out Form.

DC | HEALTH

Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at https://dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child's school.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name:	**Child First Name:**	**Date of Birth:**
School or Child Care Facility Name:	**Gender:** ☐ Male ☐	
Home Address: **Apt:**	**City:**	**State:** **Zip:**

Ethnicity: *(Check all that apply)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other ☐ Prefer not to answer

Race: *(Check all that apply)* ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Black/African American ☐ White ☐ Prefer not to answer

Parent/Guardian Name:	**Parent/Guardian Phone:**
Emergency Contact Name:	**Emergency Contact Phone:**
Insurance Type ☐ Medicaid ☐ Private ☐ None	**Insurance Name/ID #:**

Has the child seen a dentist/dental provider within the last year? ☐ yes ☐ no

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

Parent/Guardian Signature:_____ **Date:**_____

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider

Date of Exam:	**BP:** ☐ NML ☐ ABN __/__	**Weight:** ☐ LB ☐ KG	**Height** ☐ IN ☐ CM	**BMI:**	**BMI Percentile:**

Vision Screening: Left eye: 20/___ Right Eye: 20/ ____ ☐ corrected ☐ uncorrected ☐ Wears Glasses ☐ Referred ☐ Not Tested

Hearing Screening *(Check all that apply)* ☐ Pass ☐ Fail ☐ Not Tested ☐ Uses Device ☐ Referred

Does the child have any of the following health concerns? *(Check all that apply and provide details below)*

- ☐ Asthma
- ☐ Autism
- ☐ Behavioral
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ Developmental
- ☐ Diabetes
- ☐ Failure to thrive
- ☐ Heart failure
- ☐ Kidney Failure
- ☐ Language/Speech
- ☐ Obesity
- ☐ Scoliosis
- ☐ Seizures
- ☐ Sickle cell
- ☐ Long term COVID-19 symptoms
- ☐ Significant food/medication/environmental allergies that may require emergency medical care (details provided below)
- ☐ Long-Term Medications, over-the-counter drugs (OTC) or special care requirements. (details provided below)
- ☐ Significant health history, condition, communicable illnesses, or restrictions (details provided below)
- ☐ **Other:**

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note: _____

TB Assessment| Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040

What is the child's risk level for TB?	**Skin Test Date:**	**Quantiferon Test Date:**
☐ High (High 7 complete skin and/or Quantiferon test) ☐ Low	**Skin test Results** ☐ Negative ☐ Positive CXR Negative ☐ Positive, CXR Positive ☐ Positive, Treated	
	Quantiferon Results: ☐ Negative ☐ Positive ☐ Positive, Treated	

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607

ONLY FOR CHILDREN UNDER AGE 6 YEARS *Every child must have 2 lead tests by age 2*	**1st Test Date:**	**1st Result:** ☐ Normal ☐ Abnormal **Developmental Screening Date:**	**1st Serum/Finger Stick Lead Level:** _____
	2nd Test Date:	**2nd Result** ☐ Normal ☐ Abnormal **Developmental Screening Date:**	**1st Serum/Finger Stick Lead Level:** _____
HGB Test Date:		**HGB Test Result:**	

Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name:	Child First Name:	Date of Birth:

Immunizations	In the boxes below, provide the dates of immunization (MM/DD/YY)						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by:_____ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Coronavirus (COVID) (Recommended)	1	2					
Other	1	2	3	4	5	6	7

The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:**_____

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ ☐ HPV

Is this medical contraindication permanent or temporary? ☐ Permanent ☐ _____(date)

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports.** ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance from: _____

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp	Provider Name:	
	Provider Phone:	
	Provider Signature:	Date:

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:	Signature:	Date:
Health Suite Personnel Name:	Signature:	Date:

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Annual Human Papillomavirus (HPV) Vaccination Opt-Out Certificate

Instructions for completing HPV Vaccination Opt-Out Certificate (Return Completed Certificate to school, keep copy of information sheet for your reference)

Section 1: Before signing, read the information sheet on HPV and the HPV Vaccine.

Section 2: Parent/guardian or student (if 18 years of age or older) sign and date after reading the HPV Information Statement.

Section 2 Student Information

School Name:

Student Name:		Date of Birth:	Grade:
Street Address:	City:	Zip Code:	Phone:
Name and Address of Health Care Provider:	City:	Zip Code:	Phone:

My child's health care provider recommended the HPV vaccine. Yes ☐ No ☐

Annual Opt-Out for Human Papillomavirus (HPV) Vaccine

I have received and reviewed the benefits of the HPV vaccine in preventing cervical cancer and genital warts if it is given to preteen girls and boys. After reviewing the information about the risk of contracting HPV and the link between HPV and cervical cancer, other cancers and genital warts, I have decided to opt-out of the HPV requirement for the above named student. I know that I may revisit this decision at any time during the recommended vaccination window and complete the required vaccinations.

_____ _____

Signature of Parent/Guardian or Student if 18 years or older Date

_____

Print Name of Parent/Guardian or Student if 18 years or older

(Taken from District of Columbia Form , Updated SY 2021-2022)

HUMAN PAPILLOMAVIRUS

What is human papillomavirus (HPV)?

Human Papillomavirus (HPV) is a common family of viruses that causes infection of the skin or mucous membranes of various parts of the body. There are over 100 different types of HPV viruses. Different types of HPV infections affect different areas of the body. For instance, some types can lead to abnormal cells on the cervix, vulva, anus, penis, mouth, and throat, sometimes leading to cancer.

What are the symptoms?

Most people with HPV do not develop symptoms or health problems. In 90% of cases, the body's immune system clears HPV naturally within two years.

How common is HPV?

HPV is very common. It will infect most people at some point in their lives. Most infected people do not know it. Most HPV infections go away on their own without lasting health problems. However, there is no way to know which infections will turn into cancer or other health problems.

How is HPV spread?

Exposure to HPV can happen with any kind of adolescent experimentation that involves genital contact with someone who has HPV - intercourse isn't necessary, but it is the most common way to get the virus. Because HPV often has no visible signs or symptoms, anyone can get the virus or pass the virus on without knowing it.

Is there treatment for HPV?

Once a person is infected, there is no treatment for HPV infections, but there are treatments for the HPV-related diseases such as genital warts and certain cancers that may develop. Most infections will clear on their own, but there is no way to know who will develop cancer or other health problems. **Prevention is better than treatment.**

How can HPV be prevented?

The best way to prevent HPV infection is to get vaccinated with the HPV vaccine. The vaccine can prevent the HPV types that cause cervical cancer in women and genital warts and certain other cancers in both males and females.

Is the HPV vaccine safe?

HPV vaccine has been shown to be very safe. Every vaccine used in the United States is required to go through rigorous safety testing before licensure by the Food and Drug Administration (FDA). People who have had a life-threatening allergic reaction to yeast, or are pregnant, have a moderate to severe illness should not receive the vaccine. Side effects are generally mild and may include a sore arm, fever, and redness and tenderness at the injection site.

Who should get the HPV vaccine?

Doctors recommend that boys and girls get HPV vaccine at age 11 or 12 for the best protection from HPV cancers. The vaccine can be given as early as age 9. The vaccine is given in two shots if started before age 15 years, with 6 to 12 months between shots. Teens who start the series later or have a weak immune system will need 3 shots.

Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.

How can I protect my child from HPV disease?

Don't wait to vaccinate. Talk to your health-care provider today about protecting your son or daughter from HPV infection.

Where can I get more information?

- Your health care provider
- DC Health Immunization Program at (202) 576-7130
- Centers for Disease Control and Prevention (CDC) at 1-800-CDC-INFO (1-800-232-4636) or http://www.cdc.gov/hpv

Sources

American College of Obstetrics and Gynecologists (ACOG) Committee on Adolescent Health Care, Fact Sheet: Human Papillomavirus. ■ www.acog.org

CDC Vaccine Safety Information for Parents. ■www.cdc.gov/vaccinesafety/populations/parents.html

CDC. National Center for Immunizations and Respiratory Diseases. HPV Vaccine-Questions and Answers. ■ www.cdc.gov/hpv/parents/questions-answers.html

Immunization Action Coalition's vaccine information website: ■ www.vaccineinformation.org

The Roman Catholic Archdiocese *of* Washington

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June 27, 2023

Re: Immunization information for parents of students entering sixth grade in schools located in the District of Columbia

Dear Parents & Guardians,

As you may be aware, the District of Columbia government issued immunization requirements for students, which took effect in school year 2009-2010.[1] To implement the requirements, the District of Columbia issued a standard immunization form, which is part of the "District of Columbia Universal Health Certificate."

As parents of a rising sixth-grade students in our Catholic schools, you should know that the District of Columbia Universal Health Certificate allows space for documentation of the Human Papillomavirus ("HPV") Vaccine, which may be administered by your child's physician. While the language of the law describes the "HPV vaccination requirement", you should also know that parents are entitled to "opt out" of the HPV Vaccination for any reason by filling out a copy of the Annual Human Papillomavirus (HPV) Vaccination Opt-out Certificate section contained in this form.

The Roman Catholic Archdiocese of Washington believes that the primary responsibility for the medical decision of whether to vaccinate a child against HPV rests with you the parents. Your discretion in making this decision with your child is critical and should be based on your own well-informed judgment.

In addition to the information provided by the District of Columbia regarding HPV, our system would like parents in our Catholic schools to have access to some consideration

[1] The law in the District of Columbia found at DCMR 22-146 states:

146.1 Beginning with the 2014/ 2 0 I 5 school year, a student enrolling in grade s ix (6) for the first time shall receive the first dose of HPV vaccine at age eleven (11) Students enrolling in grades seven (7) through twelve (12) who have not previously been immunized for HPV shall receive the vaccine before enrollment or provide an opt-out form, as provided in § 146.4.

146.2 The second dose of HPV vaccine shall be administered not less than four (4) weeks after the first two (2) months after the first dose.

146.3 A third dose of HP V vaccine shall be administered not less than twelve (12) weeks after the second dose and by six (6) months after the first dose.

146.4 The parent or leg a l guardian of a student required to receive a vaccine under this section may opt out of the vaccination for any reason by signing a form provided by the department that states that the parent or legal guardian has been informed of the HPV vaccination requirement and has elected not to participate. A student eighteen (18) years of age or older may opt out on his or her own behalf by signing a form provided by the Department that states that the student has been informed of the HPV vaccination requirement and has elected not to participate.

of the vaccine against HPV in light of Catholic Teachings. As you may know from previous communications regarding the Immunization Policy, the Church teaches that generally immunizing against disease is a morally responsible action that is important to sustaining the health of our communities.

The National Catholic Bioethics Center considers HPV vaccination to be a morally acceptable method of protecting against this disease, but asks that civil authorities leave this decision to parents and not make such immunization mandatory.

Furthermore, the *Catholic Medical Association Position Paper on HPV Immunization* states:

> There is no ethical objection to the HPV vaccine either as a strategy against disease or in its production. Patients and parents must have the opportunity to give informed consent to its administration.
>
> The fact that HPV is spread primarily by sexual contact does not render vaccination against it unethical. Healing and preventing diseases, no matter what their source, are acts of mercy and moral good. Prevention of HPV infection is distinct from, and should not be construed as encouraging, the behavior by which HPV is spread. [2]

The Church teaches that parents are the primary caregivers of their children. Because each child is unique, the medical decision regarding the HPV vaccination for your child should be made through careful consideration of the medical, ethical, and practical information available to your family.

This information is provided in the hope that it might be helpful as you and your child(ren) make this medical decision.

Faithfully in Christ

Kelly Branaman
Secretary for Catholic Schools
Superintendent of Schools

[2] "Catholic Medical Association Position Paper on HPV Immunization." *Catholic Medical Association,* 18 Jan. 2007,www.cathmed.org/assets/files/Position%20Paper°/o20on%20HPV%20Immunization.pdf.