

## **MINISTRY OF EDUCATION HEALTH REQUIREMENTS**



- Due to a serious outbreak of MEASLES in Christchurch, The Ministry of Education now requires that we hold on our enrolment system, specific details of your children's immunisation history.
- Our current enrolment forms ask you to state whether or not your children have been immunised, but not in any detail.
- To update our records to the new MOE standards, we need this form to be completed for EVERY CHILD currently at Ruakaka School.

**Child's Full Name .....**

### **THE NATIONAL IMMUNISATION SCHEDULE:**

<u>Age</u>	<u>Diseases Covered and Vaccines</u>	<u>Immunised</u>
6 weeks	Diphtheria / Tetanus / Whooping Cough / Polio / Hepatitis B / Haemophilus influenzae PLUS Pneumococcal	Yes / No Yes / No
3 months	Diphtheria / Tetanus / Whooping Cough / Polio / Hepatitis B / Haemophilus influenzae PLUS Pneumococcal	Yes / No Yes / No
5 months	Diphtheria / Tetanus / Whooping Cough / Polio / Hepatitis B / Haemophilus influenzae PLUS Pneumococcal	Yes / No Yes / No
15 months	Haemophilus influenzae type b PLUS Measles / Mumps / Rubella PLUS Pneumococcal	Yes / No Yes / No Yes / No
4 years	Diphtheria / Tetanus / Whooping Cough / Polio PLUS Measles / Mumps / Rubella	Yes / No Yes / No
11 years	Diphtheria / Tetanus / Whooping Cough	Yes / No

**OR**

☐

I have chosen not to immunise my child (please tick box)

**Signature of parent or guardian .....**

Thank you all for your co-operation and for taking the time to complete this information for us.

M Dunn  
**PRINCIPAL**