



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

VIRGIN ISLANDS DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

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September 9, 2019

Dear Parent or Guardian:

This letter is a reminder to all new and existing parents with children enrolled in the United States Virgin Islands public, private & parochial school systems that each child must be immunized against communicable diseases with the exception of those children who are exempt based on the Virgin Islands School Regulations. Only those guidelines stated in the VI code Title 17 Chapter 10, Subchapter 116.3 & 116.4 will be accepted.

According to the Virgin Islands Code Title chapter 10, the school Regulation states:

- 116.1 " All children enrolled in Kindergarten, public, private & parochial schools must have a valid certificate of immunization for such diseases as Diphtheria., Pertussis, Tetanus, measles, Poliomyelitis, and all other diseases as are required by the standard listing issued annually by the Commissioner of Health" (see attached schedule)
- 116.3. "A pupil may be exempt from the required immunization if the vaccines or medical agents are medically contraindicated. A written statement by the Public Health Medical Officer or the child's private Pediatrician approved by a Public Health Physician will be required. The physician's statement shall be maintained by the school and Health Department as part of the immunization record. "
- 116.4. "A pupil shall be exempt from mandatory immunization if the parent or guardian of the pupil objects thereto in a written statement signed by the parent of guardian upon the ground that the proposed immunization interferes with the free exercise of the pupil's religious rights based on the principals and teachings of a recognized religious organization or church. This

statement will be kept by the school and the Health Department as part of the immunization record. This exception may be suspended by the Commissioner of Health during the existence of an emergency as determined by the Commissioner of Health. As an alternative, all unimmunized children may be suspended from school attendance until the emergency situation is cleared. "

In support of the school Regulation, the Department of Health's policy is to issue an exemption form, which is valid for **one school year** that indicates approval or disapproval of the parent's or guardian's request. If your child has been granted an exemption, copy of your child's most recent exemption approval that was issued by the Virgin Islands Department of Health's commissioner must be attached for reference.

Additionally, to monitor and evaluate immunization coverage among children in the territory, we have enclosed a copy of the Virgin Islands Immunization Registry System (VIIRS) Student Demographic Form that **must** be completed for **each** child. On an annual basis, this form is distributed to selected grade levels to capture and update demographic and immunization information that has been entered and recorded in the VIIRS. Please **complete all information requested and attach a copy of your child's most up-to-date immunization card (front and back)**. Be sure to return the completed form and immunization card to your child's school nurse or to the school's registration personnel during the registration process on or before **Friday November 29, 2019**. According to the Virgin Island's Code Title 17 Chapter 10, the School Regulation states:

116.7: (a) "Every Kindergarten or other school shall maintain a record of the immunization of every pupil which shall include the date of each individual immunization. A standard record of the immunization shall hereafter be maintained by the Health Department."

(b) "If a pupil transfers to another Kindergarten or school, the immunization record or copy thereof shall be sent to the new Kindergarten of school by the original Kindergarten or school.

Remember that immunizations are important for the health of our children, and our families. If you have any additional questions or concerns about the information requested, please contact Ms. Monife Stout, Program Director at (340) 776-1113.

Thank you for your continued cooperation.

Sincerely,



Ms. Monife Stout, MA
Territorial Director



VIIR

STUDENT'S IMMUNIZATION DATA FORM

Name of Facility: _____

Reporting Period: _____

Please **PRINT CLEARLY**, fill out **ALL** of the **REQUIRED DATA** and attach a **COPY** of the student's immunization card. (If single birth use "1", if multiple birth (twin triplet, etc) use "1" for first born, "2" for second born, etc)

Birth Status: of

Child's First Name: _____ Middle Init: _____ Child's Last Name: _____

Gender: () Male () Female

Home Telephone Number: _____

Date of Birth: _____

Age: _____ Soc. Sec. No.: _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Race: () White () Black () Other (please specify): _____

Ethnicity: () Hispanic () Non-Hispanic

Mother's First Name: _____ Mother's **Maiden** Last Name: _____

Work Telephone Number: _____

Father's First Name: _____ Father's Last Name: _____

Work Telephone Number: _____

I agree and understand that my child's immunization information will be entered in the VIIR and may be shared with schools, daycares, health care providers, and any other health care professionals as necessary to verify immunization status and public health studies.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Relationship

Date