



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
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VIRGIN ISLANDS DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM

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July 14, 2022

Dear Parent or Guardian:

This letter is a reminder to all new and existing parents or guardians with children enrolled in the United States Virgin Islands public, private, and parochial school systems that each child must be immunized against communicable diseases except for those children who are exempt. All children registering for preschool, kindergarten, elementary, middle school, junior, and high school 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.

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, a copy of your child's most recent exemption approval that was issued by the U.S. 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 the school's registration personnel during the registration process.



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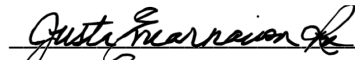
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Remember that immunizations are important for the health of our children, and our families. If you have any additional questions or concerns about the information requested, please contact Ms. Monife Stout, Immunization Program Director at (340) 776-1113 ext 2226.

Thank you for your continued cooperation.

Sincerely,

 / 7/28/2022
Justa Encarnacion, RN BSN, MBA/HCM Date
Commissioner of Health



Ms. Monife Stout, MA
Territorial Director Immunization Program



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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