

## 追加で接種が必要な予防接種の確認について

1. アプリケーション送付後に、派遣先担当から受入学校へ必要予防接種を確認してもらう。必要に応じて、受入学校の School Nurse へ直接連絡し確認をする。
2. 必要接種が終わったら、Section C – AppendixC1 ( Medical history and Immunization )に追加記入をしてもらい、再度、サインと日付を入れてもらい派遣先へ再提出をする。(原本は持参)

### 例①(アメリカ ネブラスカ州)

Medical Immunizations

●●● (学生名)

Explanation

In Bold Black type are the requirements for the Nebraska State School District. Students must have these vaccinations in order to enter school.

In Red is the Physician's review and what is needed before ●●● can enter school. Please have the application reviewed to see if these immunizations have been received or have the student get these immunizations. It appears that ●●● may have all or nearly all of the immunizations but the information is not totally clear. An email verifying the information should work in that case.

- **Diphtheria, Tetanus, and Pertussis: 3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4<sup>th</sup> birthday;**
  - Tdap (had Td, but not pertussis April 21, 2012), also should have other doses of DTaP/ DTP/DT listed assuming they were given (has different dates listed in March/April/May 2000 and Aug. 20, 2001, so likely had the 3 as an infant but seems like they may have been confused on the form)
  - Please clarify
- **Polio: 3 doses of Polio vaccine;**
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- **Hepatitis B: 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age.**
  - 3<sup>rd</sup> Hepatitis B, but looks like they'll be giving one on April 2016 in the additional comments section
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- **Measles, Mumps, and Rubella: 2 doses of MMR or MMRV, given on or after 12 months and separated by at least one month;**
  - 2<sup>nd</sup> MMR unless they filled it our wrong, 2 dates listed for Rubella/Measles (June 9, 2012) and Mumps (May 7, 2003) so might have had 2. May need to go back to the original documents.
  - Please clarify
- **Chicken Pox:**
- Had in 2004

**2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.**

例②(アメリカ オハイオ州)

## Immunization Summary for School Attendance Ohio

<b>VACCINES</b>	<b>FALL 2015</b>  <b>IMMUNIZATIONS FOR SCHOOL ATTENDANCE</b>
<b>DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis</b>	<b>Grades 1-12</b>  <b>Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</b> <b>Grades 7-12</b> <b>One (1) dose of Tdap vaccine must be administered prior to entry.**</b>
<b>POLIO</b>	<b>Grades 6-12</b>  <b>Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</b>
<b>MMR</b>  <b>Measles, Mumps, Rubella</b>	<b>K-12</b>  <b>Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</b>
<b>HEP B</b>  <b>Hepatitis B</b>	<b>K-12</b>  <b>Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose.</b>
<b>Varicella</b>  <b>(Chickenpox)</b>	<b>Grade 6-9</b>  <b>One (1) dose of varicella vaccine must be administered on or after the first birthday.</b>