



# IMMUNIZATION POLICY ACKNOWLEDGMENT

FORM 5

## 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 Archdiocese of Washington that all students attending schools in the archdiocese must be fully immunized in accordance with the 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 as necessary by the child’s physician.

Immunization in accordance with the 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 Archdiocese of Washington’s Immunization policy listed above:**

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

### **To Parents of Rising 6th Grade Girls 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 Bishop, containing information about HPV in light of Catholic teaching.

As parents of a rising 6th grade girl, if you have decided to opt out of the HPV vaccine for any reason, then you must complete the Human Papillomavirus Vaccine Refusal Form (Page 7) in addition to pages 1, 2, and 3 listed above.

Please check  here if you chose to opt out of the HPV vaccine, and have returned the HPV Refusal Form: