



7. Vaccination Agreement

IMPORTANT VACCINATION INFORMATION FOR EXCHANGE STUDENTS

This information is intended to clarify the various vaccinations required to attend High School in the United States. To participate in the Pan Atlantic High School in America exchange program, students must have the vaccinations listed below completed before they may enter a school. Additional vaccines may be required depending on the state of placement. Please check with your home agency for more details

Polio (IPV)

Typically this series of vaccinations is completed at a young age. Three or more doses are required with the final one administered AFTER the age of four years. Otherwise one more booster is necessary.

DPT and/or TD and/or Tdap (diphtheria, tetanus, and pertussis or whooping cough and/or tetanus and diphtheria only)

Typically, children under the age of 7 will receive 4 or 5 DTaP vaccinations with a Tdap booster after the age of 11. No one over the age of 7 is allowed to be given the DTaP vaccination.

Students who have completed the full* DTaP vaccine schedule as a child need one Tdap booster after the age of 11.

Students who have not completed the full* DTaP vaccine schedule as a child will need one Tdap booster after the age of 11 and may need additional boosters depending on the school requirements. (The second booster must be received 4 weeks after the first. The third booster must be received 6 months after the second).

*Fully vaccinated = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older.

MMR (Measles, Mumps, Rubella)

Two doses of MMR vaccination. First dose should be at 12 months or after. If a student needs both vaccinations before arrival in the

U.S. the second dose may be administered 28 days after the first dose, according to U.S. regulations. OR Physician certified disease.

Hepatitis B

This is a required vaccination administered in a three vaccination series. Most high schools now require this series of vaccinations. The schedule for this vaccination is as follows: first dose at any time, second dose one to two months after first dose, third dose 4-6 months after first dose. This is a three part series and the schedule must be maintained.

TB Test

This must be administered within the past year. If the test is positive, a negative chest x-ray must be on file. Both must be dated no earlier than August 2015.

Chicken Pox (Varicella)

If student cannot produce dates of chickenpox illness (varicella), they may be asked to get the varicella vaccine. Two doses required, one year apart.



Hepatitis A

Vaccination may be required depending on the state where student is placed. Hepatitis A vaccination occurs in a series of 2 to 3 doses depending on the vaccine brand.

Meningococcal

Vaccination may be required depending on the state where the student is placed. If first dose was administered before age 16, a booster is recommended between the ages of 16 and 18. If the first dose is administered at or after the age of 16 a booster is not necessary.

Covid -19 Vaccination

As required by host family or host school, as well as in compliance with local, state or federal law.

Any student who arrives in the United States without one or more of the necessary vaccinations will be required to obtain the vaccination(s) before starting school. The expense of a vaccination is not covered by the student health insurance and the expense is the responsibility of the student/natural family. For students who arrive without completing all their vaccinations, we will require a signed form from the natural parent(s)/guardian(s) acknowledging their financial responsibility.

I/We understand that my/our son/daughter will not be able to participate in this program or attend school in the United States without the above-mentioned vaccination(s). Further, I/we understand that the health insurance provided in this program does not provide coverage for such vaccination(s) and I/we will promptly pay the physician or clinic that provides the vaccination(s) to my/our child.

Further, I/we understand that should my/our son/daughter's high school require any additional vaccination(s) for enrollment beyond those required in the Pan Atlantic student application, I/we are financially responsible for these vaccination(s). This also applies to physical examinations or vaccinations required by the school for elective activities (i.e. - high school sports).

Student Name (printed): _____

Student Signature: _____

Date (mm/dd/yyyy) : _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy) : _____