

# STAY ON TRACK!



Now more than ever, it's important  
that your child receives their  
immunizations on time.



## Frequently Asked Questions for Schools Immunization Attendance Policy

*Revised May 2021*

This FAQ cross-references the [Immunization Attendance Policy](#) guidance document available on the OSSE website.

### **What routine pediatric immunizations are required for students to attend school?**

- The list of routine pediatric immunization requirements by age can be found on the DC Health Immunization Program [website](#). DC Official Code § 38–503 permits the Mayor to specify, by regulation, the list of required immunizations for District students beyond what is defined in DC Official Code § 38–501(4). DC Health has done this through regulation, DCMR 22-B §§ 130-152.<sup>1</sup> The full list of required immunizations includes the Human Papillomavirus (HPV) vaccination, with an optional parental or adult student [opt-out](#) (DCMR 22-B § 146.4).

### **Why are schools being required to enforce this policy during this period of COVID-19, when school attendance is already a challenge?**

- Schools are undertaking extraordinary efforts to ensure safe, healthy environments for students, staff and families during the COVID-19 response and recovery period. Ensuring that all students are up-to-date on their routine pediatric immunizations is an essential part of that commitment to health and safety.
- Data locally and nationally have indicated a dramatic decline in immunization administration during the COVID-19 emergency period, implicating significant risk for students, staff and communities of a vaccine-preventable infection. This decline in immunization coverage presents as great, if not greater, a risk to the public health of communities than COVID-19 itself.
- To support the health of students, staff and the broader community, schools must ensure that all students participating in school activities be fully immunized.

### **Given COVID-19, my families are concerned about the safety of going to the doctor. What should I tell them?**

- Given all of the messaging around the importance of staying home and avoiding sick people, it is understandable that families have concerns about going to the doctor.
- Schools are encouraged to reassure families that health care providers are open and are taking extra precautions to ensure health and safety in their offices. Such practices may include

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<sup>1</sup> DCMR Title 22 Health, Subtitle 22-B Public Health and Medicine. Retrieved from: [hdcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B1](https://hdcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B1)

screening patients, parents/guardians, and staff for symptoms of COVID-19 prior to arrival, separating sick and well patients, enhanced cleaning protocols, and limiting the number of adults that may accompany a child to an appointment.

- A family with questions about the health and safety practices of their health care provider is encouraged to call their provider to ask!

#### **Is the COVID-19 vaccine required for students to attend school in the District of Columbia?**

- As of the date of this document, there is no COVID-19 vaccination available for children younger than age 12. As such, neither DC Health nor the CDC opines at this time on whether the vaccine will or should be required for students.

#### **Should students prioritize receiving the COVID-19 vaccine or their required pediatric immunizations?**

- As of the date of this document, the CDC's position is that substantial data have been collected regarding the safety of COVID-19 vaccines currently authorized by Food and Drug Administration (FDA) for use under Emergency Use Authorization (EUA). COVID-19 vaccines and other vaccines may be administered without regard to timing.<sup>2</sup> This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccines, healthcare providers will consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines. Families should discuss the safety of co-administration of the COVID-19 vaccine and any other vaccine with their healthcare provider.

#### **How do schools maintain documentary proof of immunization certification per their requirement to do so in DCMR 5-E § 5300.4?**

- Schools shall primarily rely on the District of Columbia Immunization Information System (DOCIIS) as the system of record for accessing or entering necessary immunization certification data. DOCIIS contains a digital record of immunizations for residents of the District of Columbia. DOCIIS updates immediately when an immunization is administered and recorded in the system (i.e., by a certified medical provider, DC Health, or a school Immunization Point of Contact such as a school nurse). DOCIIS updates the school enrollment information within seven days that an immunization is recorded in the system via a data-bump with OSSE enrollment data.
- Schools shall also accept and maintain written documentary proof of routine pediatric immunization certification if received via (1) certification from a medical provider that the required immunizations have been completed via a [Universal Health Certificate](#) or other written immunization record with a provider stamp, seal, or signature; (2) formal exemption from the required immunization (religious or medical exemption, or HPV Opt-Out); (3) written records forwarded from a student's previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). As stipulated in Section II of

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<sup>2</sup> Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States; Centers for Disease Control and Prevention. Retrieved from: [www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)

this document, each school will be responsible for assembling a School Health Team, including an Immunization Point of Contact (IPOC) who will access, collect, and maintain immunization certification records at the school and act as a liaison with DC Health.

- An appointment card from a medical provider does not meet the requirements of immunization certification.

#### **What is the difference between immunization certification and the Universal Health Certificate?**

- No student shall be admitted by a school unless the school has an immunization certification for that student (DC Official Code § 38–502). Immunization certification is proof that the student meets the District’s pediatric immunization requirements. One type of immunization certification is a completed [Universal Health Certificate](#) but it is not the only type. Other types include (1) a digital record in DOCIIS; (2) formal exemption from the required immunization (religious or medical exemption, or [HPV opt-out](#)); (3) written records forwarded from a student’s previous school; (4) proof from a medical provider the student is in the process of receiving an immunization series in accordance with DC Health immunization requirements; or (5) alternative proof of immunization certification approved by DC Health (e.g., blood antibody tests or official immigration immunization record). Schools cannot require the Universal Health Certificate as the sole source for confirming a student’s compliance with pediatric immunization requirements.
- The [Universal Health Certificate](#) and [Oral Health Assessment](#) are official health forms that schools are required to distribute and collect each school year (DC Official Code § 38–602(a)); however, schools shall not remove a student from school if the forms are not returned or completed (DC Official Code § 38–604(a)). Again, a completed Universal Health Certificate is only one type of immunization certification by which a School Health Team may confirm a student’s compliance with pediatric immunization requirements. Universal Health Certificates and Oral Health Assessments must also be documented in the Student Information System (SIS).

#### **How will a school determine when a student does not have proper immunization certification in order to notify them in a timely manner that they have 20 days to become compliant with immunization rules, per DCMR 5-E § 5300.5?<sup>3</sup>**

- As stipulated in Section II of this document, it is strongly recommended that each school assemble a School Health Team that includes a school leader, member of the school registrar’s office, and the IPOC. The School Health Team will jointly review school immunization compliance and confirm when an enrolled student is non-compliant. When this is confirmed, the school leader will review and approve written notification to be sent to the parent, guardian, or adult student. This written notification will initiate a 20-school day period that will allow the student to continue attending school while obtaining immunization certification. The school leader shall review and approve any communication or determination made that will affect an enrolled student’s attendance at the school.

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<sup>3</sup> The current DC Municipal Regulations provide a 10-day grace period allowing to attend school without an immunization certification. However, the regulations are inconsistent with the more recent School Immunization Requirements Enforcement Period Amendment Act of 2016 (DC Law 21-160, DC Code § 38-505), which extended the 10-school day period in DC Code to 20 school days.

**How are parents, guardians, and adult students notified of immunization non-compliance, and how will schools monitor these notifications?**

- As stipulated in Section II of this document, the School Health Team will coordinate an initial written notification as well as recommended frequent subsequent communication, with the parent, guardian, or adult student. The initial written notification must include: (1) a statement that the school has no certification of immunization for the student and a list of the specific missing immunization(s); (2) a statement that the student may not attend school without immunization certification (or exemption) after 20 school days; (3) details on where the student may receive the immunization by a private physician or the public health authorities (including opening and closing times and locations); (4) information for how to contact the public health authorities to learn where and when they perform these services; and (5) copies of the appropriate forms (i.e., the Universal Health Certificate and DC Health’s immunization requirements) (DC Official Code § 38–504(a) and DCMR 5-E § 5300.6). Schools shall make reasonable attempt to ensure the notifications are received and understood. The notifications must be translated into languages other than English and provided in alternate formats to facilitate effective communication for individuals with disabilities as consistent with federal and District law and LEA policy.

**What is the formal process for removing a student after 20 school days have passed (per DC Official Code § 38–505 and DCMR 5-E § 5300.5), and how will the student’s attendance be coded?**

- As stipulated in Section II of this document, the School Health Team will jointly make a determination when a student remains out of compliance after the 20-school day period has passed. The School Health Team will send final notification to the parent, guardian, or adult student stating the student will no longer be able to attend school until immunization certification is obtained. While the student is not attending school, the school shall record the student’s attendance using the attendance code: “unexcused absence – immunization.” This attendance code will allow the school, LEA, and OSSE to track the frequency of students’ being removed based on immunization certification non-compliance. If a student’s attendance is coded as “unexcused absence – immunization” for multiple school days, it may trigger truancy, educational neglect, and referrals to the Child and Family Services Agency (CFSA), Child Support Services Division (CSSD), and Office of the Attorney General (OAG). LEAs shall follow their established attendance protocols and interventions for prolonged unexcused absences.

**What will be the process to allow a student to return after being removed, and how will the student’s attendance be coded?**

- As stipulated in Section II of this document, the school shall allow the student to return when the School Health Team and IPOC confirm receipt of proper immunization certification. It is recommended that the school leader, in partnership with the IPOC, confirm receipt of the immunization certification and provide both verbal and written confirmation to the parent, guardian, or adult student that states the student is able to return. Upon the student returning to school, the school shall reclassify the attendance coded as “unexcused absence – immunization” to the attendance code, “excused absence – immunization.” This conversion from “unexcused absence” to “excused absence” is common for schools when students return from an “unexcused absence” and present formal documentation to excuse the absence, such as presenting a doctor

or dentist office note. These attendance codes will allow the school, LEA, and OSSE to track when a student returns to school and the length of time the student was removed.

**Can a student be moved into distance learning when they are out of compliance for immunizations?**

- When a student remains out of compliance after the 20-school day period, they must be coded as “unexcused absence – immunization” for any days that are missed. Students should not be placed into a distance learning posture for purposes of non-compliance for immunizations.

**Do schools need to account for special student populations when implementing the immunization policy?**

- As stipulated in Section III, federal law and DC Official Code protect specific student populations, as detailed below:
  - Military Children: The District is a member state that enacted the guidelines of the Interstate Compact on Educational Opportunity for Military Children (DC Official Code § 49–1101.01 et seq.). The Compact agreement gives military students 30 calendar days from the date of enrollment<sup>4</sup> to obtain immunization certification (DC Official Code § 49–1101.05(c)). Schools shall ensure military children receive a minimum of 30 calendar days prior to removing them based on immunization certification non-compliance. This provision only applies to children of military families enrolled in kindergarten through grade 12 in the household of active duty members of the uniformed services; members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; and members of the uniformed services who have died on active duty or as a result of injuries sustained on active duty for a period of one year after death (DC Official Code § 49–1101.04).
  - Students Experiencing Homelessness: Federal law requires that a school immediately enroll a student experiencing homelessness, even if the student is unable to produce records normally required for enrollment, such as previous academic records, records of immunization and other required health records, proof of residency, or other documentation (42 U.S. Code § 11432(g)(3)(C)(i)). If the student needs to obtain immunizations or other required health records, the enrolling school shall immediately refer the parent or guardian of the student, or the student him/herself (in the case of an unaccompanied student or adult student), to the LEA or school-based homeless liaison, who shall assist in obtaining necessary immunizations or screenings, or immunization or other required health records (42 U.S. Code § 11432(g)(3)(C)(iii)). Due to federal protections for students experiencing homelessness, schools shall not remove students experiencing homelessness from school based on immunization certification non-compliance unless the student has been exposed or is at risk of exposure to a communicable disease (DCMR 5-E § 5300.10). If the 20-school day period passes for a student experiencing homelessness, the school shall continue to work with the LEA or school-based homeless liaison, OSSE, DC Health, and the parent, guardian, or student

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<sup>4</sup> Stage 5 Enrollment - Student is receiving educational services.

- (unaccompanied or adult) to ensure the immunization certification is obtained as soon as possible.
- Students with Disabilities: Students with disabilities are not exempt from immunization requirements, and a school shall not permit a student with a disability to attend school after the 20-school day period of immunization certification non-compliance has passed. If a student with an IEP or a student with a 504 Plan is removed from school based on exposure or the threat of exposure to a communicable disease, and the student has a religious or medical exemption on file with the school, the school shall ensure the student continues to receive a free appropriate public education (FAPE) consistent with guidance from the US Department of Education Office for Civil Rights.<sup>5</sup> OSSE provides guidance and technical assistance to schools regarding the provision of FAPE to students with disabilities.
  - Adult and Foreign-Born Students: The policy applies to any person who seeks admission to school, or for whom admission to school is sought by a parent or guardian, enrolled in grades pre-K-12 or pursuing an IEP Certificate of Completion, and who will not have attained the age of 26 years by the start of the school term for which admission is sought (DC Official Code § 38–501(3)). Immunization certification for adult and foreign-born students may be difficult to confirm due to immunization paper records' no longer existing or the immunizations' being administered outside of the United States. These instances may require alternative proof of immunization, including via blood testing. When this occurs, the IPOC and School Health Team should work directly with DC Health to appropriately secure and record the necessary documentation for immunization certification.
  - Transferring Students: The immunization policy applies to all students identified as stage 5 enrolled (attending school).<sup>6</sup> If a student transfers between schools at any point, it is the responsibility of the newly enrolling school to confirm immunization certification. This includes making reasonable effort to contact the student's previous school (DCMR 5-E § 5300.9). When a School Health Team determines that the transferred student has not met immunization certification requirements, it shall immediately send written notification to the parent, guardian, or adult student and follow protocols as stipulated in Section I of this document. If a student transfers between two District schools in the middle of the 20-school day period, the newly enrolling school will restart the 20-school day period once the student has met stage 5 enrollment and the school has confirmed immunization certification non-compliance. Attempting to calculate the 20-school day period for transferring students across two schools, especially those in different LEAs with different start of school dates, would create confusion and an administrative burden for both schools, thus the 20-school day period will begin again with the newly enrolling school.

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<sup>5</sup> Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities; US Department of Education Office of Civil Rights. Retrieved from: [https://rems.ed.gov/docs/ED\\_Measles\\_OCR\\_fact\\_sheet\\_2015-3-6\\_Clean\\_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student](https://rems.ed.gov/docs/ED_Measles_OCR_fact_sheet_2015-3-6_Clean_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student).

<sup>6</sup> Stage 5 Enrollment – Student is receiving educational services.

**Does a parent, guardian, or adult student have due process rights if a student is removed based on immunization certification non-compliance?**

- There are no due process rights. A student is not permitted to attend school after the 20-school day period has passed due to the health risk posed both to the student and the school population. Conditioning school enrollment on vaccination has long been accepted by courts as a permissible way for states to inoculate large numbers of young people and prevent the spread of contagious diseases. The failure to meet the District’s immunization requirements represents an affirmative decision to opt out of the requirements of the District’s public school system. Consequently, while the parent, guardian, or adult student receives appropriate notice and has the ability to respond to such notice, there are no due process rights. The parent, guardian, or adult student is encouraged to remain engaged with the School Health Team and DC Health to ensure immunization certification requirements are met. Schools are recommended to follow communication protocols stipulated in Appendix A to ensure they are able to support the decision to remove a non-compliance student after the 20-school day period, including maintaining records of contact made with the parent, guardian, or adult student.

**Which students may be removed from school if exposed to a communicable disease per DCMR 5-E § 5300.10?**

- If a school has reason to believe a student has been exposed to a communicable disease, such as measles, but the student is not fully immunized, the school shall immediately contact DC Health and discuss appropriate removal measures. Removal measures may include the removal of the exposed student and all other students that are not fully immunized in the school. This removal may extend to all students non-compliant with immunization certification requirements, students with exemptions (religious and medical), and any military child or student experiencing homelessness who may not be fully immunized. DC Health will determine which students to remove from school and when the students will be allowed to return. These students will be removed at the direction of the District of Columbia due to quarantine, contagious disease, infection, infestation, or other condition requiring separation from other students. Compliant students’ attendance shall be coded as “excused absence – immunization” unless the compliant students receive distance learning while out of in-person activities. Schools shall ensure students with disabilities with an IEP or 504 Plan who have a medical or religious exemption continue to receive FAPE consistent with guidance from the US Department of Education Office for Civil Rights.<sup>7</sup> The school, DC Health, LEA central office (if applicable), and OSSE shall all be informed if an exposure incident results in the removal of students.

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<sup>7</sup> Addressing the Risk of Measles in Schools while Protecting the Civil Rights of Students with Disabilities; US Department of Education Office of Civil Rights. Retrieved from: [https://rems.ed.gov/docs/ED\\_Measles\\_OCR\\_fact\\_sheet\\_2015-3-6\\_Clean\\_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student](https://rems.ed.gov/docs/ED_Measles_OCR_fact_sheet_2015-3-6_Clean_508.pdf#targetText=Under%20Section%20504%20and%20Title,educational%20services%20to%20that%20student).