

United States Senate Page Program
Immunization Form

Name: _____	Date of Birth: ____ / ____ / ____
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REQUIRED IMMUNIZATIONS

The following immunizations are required for pages. Enter date of each dose as DD/MM/YY.

Diphtheria, Tetanus & Pertussis (DTaP)	1	2	3	4	5
Adult Diphtheria/Tetanus (adult DT/Td/Tdap)	1				
Hepatitis B	1		2		3
Measles, Mumps & Rubella (MMR)	1	2		OR Measles Serology: Date: _____ Titer: _____	
Meningitis (Men ACWY, MenB)	1			2	
Poliomyelitis (IPV/tOPV)	1	2		3	4
Varicella	1		2		OR Date of Chickenpox: _____

OPTIONAL IMMUNIZATIONS

The following immunizations are strongly recommended, but not required. Enter date of each dose as DD/MM/YY.

COVID-19 vaccine Most recent date	1				
Seasonal Influenza Most recent date	1				
Human Papilloma Virus (HPV)*	1			2	

*To opt your child out of the HPV vaccine, complete the DC Opt-Out Form

CERTIFICATION OF IMMUNIZATION RECORD

Signature of Physician or Representative

Date Office Address & Phone

United States Senate

OFFICE OF THE SERGEANT AT ARMS

United States Senate Page Program Immunization Policy

April 12, 2024

In order to be appointed as a page, students must have received all required vaccinations listed on the immunization form. Records must be certified by a licensed physician or healthcare provider.

Requests for vaccination exemption will be considered on an individual basis and will only be granted if required under applicable law. Requests must be made in writing at least two weeks prior to the paperwork deadline.

The Page Program cannot guarantee that all pages will be fully vaccinated. To the best of our ability, the Page Program will accommodate immunocompromised individuals by housing them with fully vaccinated peers. If you have a request about housing placement due to a medical condition, please contact the Page Program executive director or deputy director.



Annual Human Papillomavirus (HPV) Vaccination Opt-Out Certificate

Instructions for completing HPV Vaccination Opt-Out Certificate (Return Completed Certificate to school, keep copy of information sheet for your reference)

Section 1: Before signing, read the information sheet on HPV and the HPV Vaccine.

Section 2: Parent/guardian or student (if 18 years of age or older) sign and date after reading the HPV Information Statement.

Section 2 Student Information

School Name:

Student Name:

Date of Birth:

Grade:

Street Address:

City:

Zip Code:

Phone:

Name and Address of Health Care Provider:

City:

Zip Code:

Phone:

My child's health care provider recommended the HPV vaccine. Yes No

Annual Opt-Out for Human Papillomavirus (HPV) Vaccine

I have received and reviewed the benefits of the HPV vaccine in preventing cervical cancer and genital warts if it is given to preteen girls and boys. After reviewing the information about the risk of contracting HPV and the link between HPV and cervical cancer, other cancers and genital warts, I have decided to opt-out of the HPV requirement for the above named student. I know that I may revisit this decision at any time during the recommended vaccination window and complete the required vaccinations.

Signature of Parent/Guardian or Student if 18 years or older

Date

Print Name of Parent/Guardian or Student if 18 years or older