

MCE Elementary Enrollment Check Off List

Student's Name _____

_____ Official Birth Certificate

_____ Proof of Residency (See proof of residency form)

_____ Immunization Record

_____ Visited with the Nurse

_____ Bus # _____

(driving directions from MCE)

_____ Agriculture Information Form filled out entirely

_____ Special Ed. (I.E.P/Diagnostic reports, or any other school attending)

_____ Request for Student Records (including the address of The last school attending)

_____ Copy of custody papers if a divorce is involved
(Who has legal custody?)

Marion C. Early Elementary School
5309 South Main
Morrisville, Mo. 65710

Marion C. Early Elementary School
K-5 Enrollment Form

Male: _____
Female: _____
Bus #: _____

Grade: _____
Enrollment Date: _____
Birth Certificate #: _____

Child's Full Name _____

Child's Age _____ Birthdate _____

Month Day Year

City of Birth _____

City State County

If child was not born in the USA, what date did they enter USA? _____

Home Address of Child _____

Street/Rd. City

State Zip County

Home Phone Number (____) _____

Number of Children in the Home _____ Boys _____ Girls _____

Number of Sisters: Older ____ Younger ____ Brothers: ____ Older ____ Younger ____

Residing in the student's home:

Father _____ Date of Birth _____

Place of Employment _____ Telephone _____

Mother _____ Date of Birth _____

Place of Employment _____ Telephone _____

(*Note, please put * by any of the above that are Step-parents.)

If child does not live with both biological parents, who has custody?

Mother ____ Father ____ Step-Mother ____ Step-Father ____ Guardian ____

Where is the custody paper filed? _____

**** Note: A COPY OF THE CUSTODY PAPER MUST BE ON FILE IN OUR OFFICE. THIS IS MANDATORY.
A JUDGE'S SIGNATURE MUST BE ON THE FORM.****

If both parents do not reside in the student's home, information on the other parent:

Name _____

Date of Birth _____ Telephone _____

Address _____

Street/Rd. City State Zip

Place of Employment: _____ Telephone _____

Any special arrangements the school needs to be aware of:

MOCAP Enrollment

Students seeking virtual course options may do so through the MOCAP program operated by the Missouri Department of Elementary and Secondary Education. For more information on MOCAP enrollment, please review the MOCAP/Virtual Handbook and contact Dr. Josh Angel (jangel@mcestaff.com), Marion C. Early Schools' MOCAP designee, for additional assistance.

LOCAL EMERGENCY NUMBERS: (Whom to contact other than home)

1. _____
2. _____
3. _____

Racial or ethnic identity of students (**Voluntary, you are not required to respond**)

White___ Asian___ Black___ Hispanic___ Indian___ Multi Race___ Pacific Islander___

If new to the district, is your move related to Agricultural employment? Yes___ No___

Is English your native language? Yes___ No___

*If not English, what language do you use most to speak to your child? _____

Is anyone in immediate family:

Active Duty Military _____ National Guard _____ Reserve _____

Has this student repeated any grades? Yes___ No___ If so, what grade_____

Was this child in any class other than the regular classroom? Yes___ No___

If so, what? (LD, EMH, Speech, Remedial Reading/Math, etc.) _____

Name of last school attended:_____

School Name

Street Number or Road

City

State

Zip

Parent's comments, if any_____

Signature of person Completing Form

Relation

Date

Please note: Due to the Safe Schools Law Act, proof of residency must be attached

5309 S. Main
Morrisville, MO 65710
Phone: 417-376-2255
Fax: 417-376-3243

ADMINISTRATION

Dr. Joshua Angel, Superintendent
Dr. Joel B. Carey, High School Principal
Mrs. Michelle Sechler, Elementary School Principal

BOARD OF EDUCATION

Scott Grant, President
Cassi Harper, Vice President
Kevin Painter, Treasurer
Thomas Francka, Member
Chris Hampton, Member
Christy Weibe, Member
Josh Reed, Member
Nancy Vance, Secretary

Proof of Residency Form

In order to register a resident student, the parent/legal guardian or the student shall provide proof of residency or proof that a waiver has been requested as outlined below and shall complete all admission requirements as determined by the Board Policies, rules and regulations. Resident students who cannot provide adequate proof of residency may request a waiver in accordance with state law (see Board Policy JECA). Students who do not meet the residency requirements may apply for admission in accordance with state law regarding admission of non resident students.

In order to satisfy the district's residency requirements, the students parent or court-appointed legal guardian must provide one (1) or more of the following items as proof of residency.

- | | |
|-------------------------------|-----------------------------|
| 1. Property Tax Statement | 4. Rental Agreement/Receipt |
| 2. Voter Registration Card | 5. Real Estate Contract |
| 3. Legal Property Description | 6. Utility Bill/Agreement |

Name of Student: _____

Address of Student: _____

Name of Parent or Court-Appointed Legal Guardian (Attach copy of "Letter of Guardianship")

Address of Parent or Court-Appointed Legal Guardian: _____

Signature

Date

According to #167020 RSMO, any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled.

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Brent T. Dunning, Director of Student Services
Dr. Joel B. Carey, High School Principal
Michelle Sechler, Elementary Principal

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Per the Every Student Succeeds Act (ESSA), it is a requirement of our district to ask the following questions.

Please complete this form and return it with either your Back to School information packet or your new enrollment packet.

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if a similar reason. ____ yes ____ no
Explain: _____
2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ____ yes ____ no
3. Are you currently residing in an emergency or transitional shelter? ____ yes ____ no
4. Has the student been abandoned in a hospital? ____ yes ____ no
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ____ yes ____ no
6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ____ yes ____ no



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME Marion C Early Elementary School	COUNTY-DISTRICT CODE 084-005
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

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Statement of Disciplinary History

In Reference to the Missouri Safe School Act

In accordance with the Missouri Safe Schools Act, Marion C. Early School R-V requires that a student/parent/guardian provide a statement indicating whether a student was previously expelled, violated board policy on weapons, alcohol or drugs or willingly inflicted injury on another. People making a false statement would be guilty of Class B Misdemeanor.

Student Name: _____

Date of Birth: _____ Social Security Number: _____-_____-_____

School(s) attended during the last year

Date last attended

Were you ever expelled/suspended from school for:

A. Possession or use of a weapon at school Yes _____ No _____

B. Possession or use of alcohol Yes _____ No _____

C. Possession or use of drugs Yes _____ No _____

D. Willfully inflicting injury on another Yes _____ No _____

If yes on any of the above, please explain the circumstances relating to the expulsion/suspension of the incident. Failure to provide accurate information may result in the student's dismissal from school.

Information provided by: _____ Date: _____

Signature

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Student Home Language Survey

Student's Name _____

Date _____ School _____ Grade _____

Person Completing Survey: ___Mother ___Father ___Student ___Guardian ___Other
(specify _____)

Circle the best answer to each question and provide additional information

1. Was the first language you learned English? No Yes
2. Can you speak a language other than English? No Yes
3. Is any language other than English used at home? No Yes
4. Which language do you use most often with friends? English___ Other:___
5. Which language do you use most often with your parents? English___ Other:___
6. Which language do you use most often with other relatives? English___ Other:___
7. Have you attended school in a country other than the U.S.? No Yes (How long/what grades_____)
8. Have you attended another school in the U.S.? No Yes (Where and how long_____)
9. Have you attended another school in Missouri? No Yes (Where and how long_____)
10. Please provide any other related information that would help the school (for example, referral to Special Education programs in prior schools, etc.)

Marion C. Early Schools R-V

"A Great Place to Learn"

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Dear Parent/ Guardian,

Since your child is entering school, we would like to acquaint you with some of the Health Services that the Marion C. Early Schools R-V provides for your child.

A school nurse is available during school hours, Tuesday-Friday. Routine first aid services are provided by the nurse and/ or other school personnel in her absence. The nurse is qualified to assist with health counseling and health education. Referrals to community health agencies are made by her as needed.

We have several screenings and outside services that are available to your child. With parent permission Cox Health Care Mobile, Miles for Smiles Dental Mobile, and Polk County Health Department are available. We have a yearly Health Expo where Vision screenings are done in preschool through fourth, sixth, eighth, tenth, and twelfth grades. Hearing screenings are done in preschool through fourth, fifth, seventh, ninth, and eleventh grades. They are also done as requested by the teacher in any other grades. Orthopedic screenings are done every other year on fifth - eighth grade boys and girls. The purpose of this screening is to detect abnormal curves of the spine called scoliosis. Measurement of height, weight, body mass index, and blood pressure is done yearly. Dental screenings are done preschool through eighth grades and eleventh grade.

In addition to the above services, school personnel are required by Missouri State Statute to maintain immunization records for each student. These records must be complete and on file before a student enters school.

If your child has any special health problems or needs, the school nurse will want to discuss them with you. Please visit her at school.

Sincerely,

Mrs. Michelle Sechler- MCE Elementary Principal
Dr. Joel Carey- MCE JH/HS Principal
Stephanie McMillen, RN- District Health Services

Marion C. Early Schools R-V

Student Health Inventory

Your child's learning depends upon good health. To provide health services at school, complete for the nurse's office.

Student's Name _____ Birthdate _____ Grade _____ Boy _____ Girl _____
Last First

Mother/Guardian _____ Phone _____ Work _____ Cell _____

Father/Guardian _____ Phone _____ Work _____ Cell _____

Email _____

Emergency Contact _____ Phone _____ Work _____ Cell _____

DOES YOUR CHILD HAVE: Allergies: To drugs, food, Bees, insects, pollen, etc? Please list: _____

Has the allergy required emergency action in the past? No ___ Yes ___ Comments _____

Asthma: No ___ Yes ___ Triggered by: _____

Treatments: _____ Diagnosed by Doctor: _____

If carries inhaler to school, ask nurse for separate form for Doctor's order.

Diabetes: No ___ Yes ___ Takes insulin? No ___ Yes ___

Epilepsy/Seizures: No ___ Yes ___ Date of last seizure _____ Medication: _____

Describe seizure: _____

Is student currently under a doctor's care for seizures? No ___ Yes ___

Heart condition: No ___ Yes ___ Any Restrictions: _____

Please list any medical information you would like the district to be aware of in order to adequately assist your child on a daily basis and or in an emergency situation:

Please list any prescribed or over the counter medications that your child takes on a regular basis:

If a student MUST take medication at school for health reasons, he/she will need a written order from his/her physician. Ask the school nurse for a form to take to your physician. The medication must be brought to school by a parent or guardian. It must be brought in the original container with a Dr. note. Under no circumstances may a student carry any medication to school or home from school.

IF EMERGENCY TREATMENT IS REQUIRED AND PARENT/GUARDIAN CANNOT BE REACHED IMMEDIATELY THE SCHOOL AUTHORITIES WILL USE JUDGMENT IN CONTACTING THE DOCTOR AND OR EMERGENCY SERVICES.

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

Physician's Fax: _____ Hospital if Preference: _____

Parent/guardian

Signature: _____ Relationship: _____

Parent/ Guardian Print: _____ Date: _____

I also give district employees permission to contact the student's physician directly to provide information on the student's condition. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information changes or if administration of medication should stop.

STANDING ORDER FOR TRIAGE AND TREATMENT OF MINOR ILLNESS AND INJURY

In cases of illness and injury the school nurse will make appropriate assessments and decisions based on sound nursing judgment and following policy/procedure for triage and treatment of illness and injury.

- **Tylenol** given as needed for pain relief and or fever (for conditions including, but not limited to, headache, low-grade fever, or minor pain).
- **Ibuprofen** given as needed for pain relief and or fever (for conditions including, but not limited to, headache, low-grade fever, minor pain, menstrual cramps, etc.)
- **Benadryl** given for seasonal allergies and or minor allergic reactions
- **Cough drops/ Mints**
- **Antacid/Tums** for heartburn, indigestion, and or upset stomach
- **Hydrocortisone 1% cream** topically to minor areas of rashes or insect bites.
- **Caladryl** topically for minor areas of rashes or insect bites.
- May apply **PRID** drawing salve on stings, splinters, and or bites.
- May apply **Sting Kill** as necessary for insect stings.
- Clean wounds with **Hydrogen Peroxide** Topical solution and dress wounds as indicated.
- May apply topical **antibiotic ointment** to wounds as appropriate.
- May apply **First Aid Antiseptic** and burn cream to wounds as appropriate.
- **Orajel** (or other choice of formulary) applied topically to painful oral lesions or dental pain.
- Apply **Carmex** or **Vaseline** for chapped lips or cold sores.
- May use **Sterile Eye Wash** or Over the counter **Allergy eye drops** when appropriate.
- Sunscreen
- Nurse may obtain a **fingerstick** for glucose to evaluate known diabetes or any patient with complaints of dizziness or symptoms of low blood sugar.
- May initiate **oxygen** therapy in cases of unstable patient with illness while awaiting EMS.

All students who have a temperature elevation of 100 degrees or greater and show symptoms of impending illness will be sent home from school. Students should NOT come to school if during the previous 24 hours they exhibit any of the following symptoms:

- **A temperature of 100 degrees or greater**
- **Vomiting 2 or more times in the previous 24 hours**
- **Diarrhea in the past 24 hours**
- **An unusual or unexplained rash, unrelenting and itchy**
- **Persistent cough**

*****Polk County Health Department has recommended that all students sent home from school with a temperature of 100 degrees or more remain out of school until they are free of fever for 24 hours without the use of fever reducing medication.**

*****If your child has an allergy to any of these or is NOT allowed to have them please mark through the line and initial beside it.

Students name: _____ Grade: _____

Signature of legal parent/guardian: _____ Date: _____

If you have any questions, new health concerns, or new allergies please contact the school nurse at 417-376-2215 ext 244.

Marion C. Early Schools R-V

Date: _____

Dear Parent/Guardian:

Our records indicate that your child, _____, needs the following immunizations to meet State law and health regulations. State law requires students to be properly immunized and provide verification to attend school, unless they are exempt. the Missouri School Immunization requirements for school attendance requires the following.

_____ Immunization Record

_____ Tdap *(Tdap needed for eighth, ninth and tenth grade entry). #1 _____

_____ MCV (Meningococcal) #1 _____ #2 _____

_____ DTaP/DTP/DT to complete the series *(Last Dose of DTaP, DTP, or DT was recieved *before* fourth birthday (guidelines require last dose on or *after* the fourth birthday). #1 _____ #2 _____ #3 _____ #4 _____

_____ Polio (IPV, OPV) to complete the series

*(Last dose of Polio was received before fourth birthday (guidelines require last dose be administered on or after the fourth birthday). #1 _____ #2 _____ #3 _____ +

_____ MMR #1 _____ #2 _____

*(Revaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday).

_____ Hepatitis B #1 _____ #2 _____ #3 _____

_____ Pneumococcal #1 _____ #2 _____ #3 _____ #4 _____

_____ Varicella #1 _____ #2 _____

*(A written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease if one or less doses).

*(Revaccination for Varicella is required if vaccine was received before first birthday).

_____ Hib #1 _____ #2 _____ #3 _____

Your child will not be allowed to attend school if the above immunizations remain non-compliant with Missouri State Law. A copy of the official record must be brought to the school on or before _____

When your child receives this/these immunization(s), please bring or send a copy of the immunization(s) to my office. **If your child has already had the immunization(s) checked above please send or bring a copy of the official record to my office as soon as possible. Thank you!**

Sincerely,

Stephanie McMillen, RN

Marion C. Early School Nurse

Office: 417-376-2215 ext. 244

Fax: 417-376-4350

2020-2021 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap ²									1	1	1	1	1
MCV ³ (Meningococcal Conjugate)									1	1	1	1	2
IPV (Polio) ⁴	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁵	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B ⁶	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁷	2	2	2	2	2	2	2	2	2	2	2	1	1

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-10 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
11-12 Grades: Last dose on or after the fourth birthday. Any combination of four doses of IPV and OPV constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.
Kindergarten-10 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.
11-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.