

SCHOOL IMMUNIZATION RECORD (Required upon Enrollment)

Form for Students Born On or After 1/1/90

****New Students: Please provide Complete Record **All Others: Please provide Updates Only**

Name of Child (Last, First, MI)	Birth Date (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian	Name: _____ Address: _____ _____	
Phone _____		

Vaccine Type	Required Doses	Disease	Series Dates (Month/Day/Year)REQUIRED					6 TH gr. Booster Tdap/Td*
			1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	
Diphtheria, Tetanus & Pertussis (DTP, DtaP and/or Td) Three (3) doses required for preschool students	4 One required on or after 4 th Birthday OR 5 or more doses total							
Polio (Indicate IPV or OPV)	3 (One on or after 4 th Birthday) OR 4 doses Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (On or after 1 st Birthday, at least one (1) month apart or one(1)+ documentation of positive immune titer.	2 preferred or							
Measles (Same as MMR)	2							
Rubella	1							
Mumps	1							
HIB Required for Preschool Students only	1 Minimum							
HepB 3 doses required for Students entering Kindergarten or First Grade and all 6 th Grade Students beginning Sept. 1, 2001	3 M/D/Yr All Doses							
Varicella Vaccine on or after the first birthday (Lab confirmed immunity, or MD or parent statement of disease)	1							
Meningococcal for Students born on or after Jan. 1,1997 enrolled in 6 th grade	1							
Mantoux ** (Within 6 months)	1							
Pneumococcal (preschool only)	1							
Influenza (preschool only)given by December of each year.	1							

**Required for certain countries (New update each year from the State Board of Health)

* Children born on or after Jan. 1 1997 entering or attending Grade 6 beginning Sept. 2008 shall have received one dose of Tdap given no earlier than 10th birthday. If your child received a Td booster dose within 5 years of entering 6th grade, he/she is not required to receive a Tdap dose until 5 years have elapsed from last DTP/DTaP or Td dose.

PHYSICIANS SIGNATURE _____ REQUIRED