IMMUNIZATION RECORD 2019-2020

Student Name (Last, First MI) (Date of Birth) (Age) (Grade Entering)

PLEASE NOTE: A complete record of immunizations must be on file before your child may attend classes. Please have your physician complete this form or SEND A COPY of your child's immunization record(s) signed by a physician. This must be done each school year as requirements change. PLEASE SEND UPDATES TO THE CLINIC DURING THE SCHOOL YEAR. *Physicians are requested to write a note concerning any health-related problems that your child may have in order that the school will be informed of special needs, circumstances and/or restrictions for your child.*

Complete dates (day/month/year) and validation by a physician or health clinic or provide a COPY (preferred).

1. DPT SERIES (5) #1 _____ #2 _____ #3 _____
   3PK & 4PK: 4 doses
   Kindergarten: 5th dose #4 _____ #5 _____

2. TDAP BOOSTER #1 _____ #2 _____
   7th grade entry requires 1 Tdap booster if 5 years have elapsed since last dose.
   8th grade entry requires 1 Tdap booster if 10 years have elapsed since last dose.

3. POLIO #1 _____ #2 _____ #3 _____
   3PK & 4PK: 3 doses

4. POLIO BOOSTER
   Kindergarten: 4th dose
   Required for K-12 #4 _____ _____ _____

5. MMR #1 _____ #2 _____
   3PK: 1 dose; K-7: 2ND dose

6. TB SKIN TEST (PPD) Results _____ Date _____
   (or completed TB Screening Questionnaire each year)

7. CHEST X-RAY _____
   (If there is a history)

8. HibCV #1 _____ #2 _____ #3 _____ #4 _____

9. HEPB #1 _____ #2 _____ #3 _____
   3PK, 4PK, and K-12: 3 doses

10. VARIVAX #1 _____ #2 _____
    3PK, 4PK: 1 dose
    K-12: 2nd dose

11. HEPA #1 _____ #2 _____
    3PK – 7th grade entry: 2 doses

12. PNEUMOCOCCUS #1 _____ #2 _____ #3 _____ #4 _____

13. MENINGOCOCCAL _____
    7th grade entry: 1 dose

(Physician's Signature) (Physician's Printed Name) (Date)