



IMMUNIZATION RECORDS

Student Name: _____ Student ID# _____ (Please print)

Instructions: Please enter the dates for each immunization received in the provided spaces, formatted as MM/DD/YYYY, and have the form signed by a medical doctor.

MANDATORY VACCINES:

DTP – (Diphtheria, Tetanus, and Pertussis) 4 or 5 doses.

1. _____
2. _____
3. _____
4. _____
5. _____

TDAP – (Booster of Tetanus, Diphtheria, and Pertussis) 1 dose before start of 7th grade.

1. _____

POLIO – 4 or 5 doses; last dose is usually after 4th birthday.

1. _____
2. _____
3. _____
4. _____
5. _____

MMR – (Measles, Mumps and Rubella) 2 doses.

1. _____
2. _____

HEPATITIS B VACCINE – 3 doses.

1. _____
2. _____
3. _____

VARICELLA – 2 doses.

1. _____
2. _____

OR Document the YEAR OF DISEASE (Chicken Pox): _____

HIGHLY RECOMMENDED VACCINES FOR STUDENTS 11 YEARS OF AGE AND OLDER:

MENINGITIS - 2 doses.

1. _____
2. _____

HPV - 2 or 3 doses.

1. _____
2. _____
3. _____

Doctor's Signature: _____ Date: _____

Parent or Legal Guardian (Please Print): _____

Parent or Legal Guardian Signature: _____