



IMMUNIZATION RECORD

HEALTH FORM

This form must be received before the first day of attendance. Contact the school office for any exemption requests.

Pupil Name (Last, First, Middle):			
Name of Parent/Guardian (Last, First):	Birthdate (Month/Day/Year):	Gender:	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements (Staff use only)	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs		
7 th Grade						<input type="checkbox"/> IEP	
International (all grade levels)						<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
						<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	