

IMMUNIZATION HISTORY

All Kindergarten students must have an immunization record in the school office **before** the first day of school. A student may not attend Kindergarten without a record of having received the required immunizations listed below or unless a medical exemption form has been filed with the school office.

IMMUNIZATION RECORD: (month/day/year)

D.P.T. (1)_____ (2)_____ (3)_____ (4)_____ (5)_____

I.P.V. (1)_____ (2)_____ (3)_____ (4)_____
(please indicate if OPV)

HEPATITIS B: (1)_____ (2)_____ (3)_____

Hib: (1)_____ (2)_____ (3)_____ (4)_____

MMR: (1)_____ (2)_____

VARICELLA VACCINE (chickenpox) (1)_____ (2)_____

or:

IF chickenpox disease a **Doctor's note is mandated by state law.***

HEPATITIS A (*1)_____ (*2)_____

(*not a requirement yet, but please include dates if your child has received this immunization.)

Please be alert to notices that may be sent if new immunization requirements occur.

Please list any other vaccines given, along with full date received:

*

Physician completing this form (please print or stamp)

*

Physician's signature _____

Date _____