

IMMUNIZATION CHECKLIST

Student: _____ Birthdate: _____

School: _____ Date of Entry: _____

Please provide specific dates.

Immunization	1	2	3	4	5	Qualifications
DTaP						Last dose must be after 4 th birthday.
DTaP	1 dose is required if 5 years have passed since last dose of tetanus/diphtheria vaccine (DTaP, Td, DT) ages 11-18 yrs.					
Td	Every five years after last DTaP.					
Polio						Last dose must be after 4 th birthday.
MMR			1 st dose must be given on or after the 1 st birthday. 2 nd dose must be given at least 28 days after the first dose.			
Hep B				30 days between 1 st and 2 nd dose. 59 days between 2 nd and 3 rd dose. 4 months between the 1 st and 3 rd dose.		
C'Pox			2 doses at or after 12 months of age OR reliable history of disease. 2 nd dose must be at least 28 days from first dose.			
MCV4/MPSV4		1 dose required for ages 11-18 yrs. Must be given after 2 nd birthday.				
Vision		Required for kindergarten only. Must be given after 3 rd birthday.				

Statement of Chicken Pox (Varicella) Disease

My child has had chicken pox on: _____
(Please indicate when chicken pox occurred – age or date)

The undersigned hereby acknowledges that the information provided on this form is true and accurate.

Parent or Guardian Signature (Student signature if 18 or over)

Date

If you do not want your child to have the required immunizations please ask for a waiver form.