

IMMUNIZATION CHECKLIST

Student: _____ Birthdate: _____

School: _____ Date of Entry: _____

A copy of the student's official immunization record (with dates) is required.

The Immunization Checklist is a guide to determine if your student has had the required immunizations to attend school but should not be considered medical advice. **Complete the Immunization Checklist only if you are translating the immunization names and dates from a language other than English.**

Immunization	1	2	3	4	5	Qualifications
DTaP						4th dose must be after 4 th birthday.
D and T or Td	4 doses D and T OR 3 doses Td if 1 st dose is on or after 7 th birthday.					
Tdap		1 dose after age 11 or at entry into 7 th grade				
Polio						4 doses unless 3 rd dose is on or 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.				
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, waivers must be obtained through the Oakland County Health Department.