

Immunization Record

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

**Enter the Month, Day and Year your child received the following immunizations:**

**Vaccine Date** (number of spaces=the number of doses needed)

DtaP/DTP/DT/Td (all grades) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Tdap (8th-12th grade) \_\_\_\_\_\_\_\_\_\_

MCV (8-9th, and 12th grades) \_\_\_\_\_\_\_\_\_\_

IPV/Polio (all grades) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

MMR (all grades) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Hepatitis B (all grades) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Varicella (**6th-8th grade**) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Varicella (**9th-12th grade)** \_\_\_\_\_\_\_\_\_\_ (if not given earlier)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ **Immunization in Progress:** Students who are not completely immunized may not attend school unless they have begun the series and are making satisfactory progress as outlined on the enclosed Recommended Childhood and Adolescent Immunization Schedule, United States 2005, and have a current signed Immunization in Progress form (Imm. P. 14) on file with the student's immunization record.

\_\_\_\_\_\_  **Religious Immunization Exemption:**  Students may be exempted for reasons of religious objection by placing a religious Immunization Exemption form (Imm. P. 11A) on file with the student's school immunization record indicating that immunization of the student violates the religious beliefs of the parent or guardian. The parent or guardian must sign this form.

\_\_\_\_\_\_ **Medical Immunization Exemption:** Students may be exempted from immunization for medical reasons by placing a Medical Immunization Exemption form (Imm. P. 12) on file with the student's school immunization record. A licensed doctor of medicine or doctor of osteopathy must sign this form certifying that either the immunization would seriously endanger the student's health of life or the student has documentation of laboratory evidence of immunity to the disease(s).

The above mentioned forms are available from the school office if it is your desire to have your child exempt from immunization.

THIS FORM IS DUE BEFORE THE FIRST DAY OF SCHOOL.