

IMMUNIZATIONS

Immunization requirements, starting with the 2008-2009 school year, for students Kindergarten through Grade 12 are as follows:

- At least four doses of DPT or DT.
If the fourth dose was not given on or after the fourth birthday, then a fifth dose is required.
- Three doses of Polio vaccine (OPV)
- Two doses of Measles/Mumps/Rubella (MMR)
- Three doses of Hepatitis B vaccine
- Two doses of Varicella (chickenpox) immunity; either by immunization or written statement from physician/designee with month and year of disease or serologic proof of immunity.

In addition to the above, new immunization requirements for Grades 7-12 are:

- **One dose of Tdap** #1 _____
- **One dose of Meningitis Vaccine** #1 _____

This form must be completed and signed by a physician. No student will be admitted with incomplete immunizations. Please include any other immunizations your child has received.

STUDENT'S NAME _____

BIRTHDATE _____

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
(If fourth dose was not given on or after the fourth birthday, then a fifth dose is required)

OPV #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ #2 _____

HEPATITIS B #1 _____ #2 _____ #3 _____

VARICELLA #1 _____ #2 _____

TUBERCULIN TEST Type: _____ Date: _____

HIB #1 _____ #2 _____ #3 _____ #4 _____

HEPATITIS A #1 _____ #2 _____

HPV #1 _____ #2 _____ #3 _____

Physician's Signature / Phone No.

Date