



ALL STUDENTS ENTERING SCHOOL MUST SUBMIT EVIDENCE OF IMMUNIZATION FROM THEIR PHYSICIAN UPON ENTERING.

Student's Name _____ Date of Birth __/__/____ Grade _____

Dates of Immunization

<u>POLIO</u>	IPV	1 st	_____	2 nd	_____
	OPV	3 rd	_____	4 th	_____
<u>DIPHTHERIA</u>		1 st	_____	2 nd	_____
		(DPT)			
		3 rd	_____	4 th	_____
<u>Tdap</u>	(6 th grade)		_____		
<u>HEP B</u>		1 st	_____	2 nd	_____
		3 rd	_____		
<u>HIB</u>	(Pre-K only)	1 st	_____	2 nd	_____
		3 rd	_____		
<u>LIVE MEASLES VACCINE</u>		1 st	_____	2 nd	_____
<u>MUMPS VACCINE</u>	(MMR)	1 st	_____	2 nd	_____
<u>VARICELLA</u>	(or proof of disease)		_____		

Doctor's Signature _____ Date _____

EXEMPTIONS: Documentation from physician stating immunizations not indicated for reasons of health or religious exemption.