Leonard E. Burket Christian School
34 Oak Street
Center Moriches, NY 11934
Phone 631-878-1727 – Fax 631-866-8085

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

STUDENT'S NAME: _____ DATE OF BIRTH: _____ GRADE _____

DATES OF IMMUNIZTION

Pre-School Only:

Hib (1-4 doses) 1st _____ 2nd _____
3rd _____ 4th _____

PCV (1-4 doses) 1st _____ 2nd _____
3rd _____ 4th _____

Pre-School – 12:

DTap/DTP (3-5 doses) 1st _____ 2nd _____
3rd _____ 4th _____
5th _____

Tdap (1 dose grade 6-12) 1st _____

IPV (polio 3-4 doses) 1st _____ 2nd _____
3rd _____ 4th _____

MMR (1-2 doses) 1st _____ 2nd _____

Hep B (3 doses) 1st _____ 2nd _____
3rd _____

Varicella (1-2 doses) 1st _____ 2nd _____

Meningococcal (1-2 doses) 1st _____ 2nd _____

Doctor's Signature_____ **Date**_____

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