

Leonard E Burket Christian School  
 34 Oak Street Center Moriches NY 11934  
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**ALL STUDENTS ENTERING SCHOOL MUST SUBMIT  
 EVIDENCE OF IMMUNIZATION FROM THEIR PHYSICIAN UPON ENTERING.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

**Dates of Immunization**

**PRESCHOOL ONLY:**

<b><u>HIB (1-4 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
	3 <sup>rd</sup>	_____	4 <sup>th</sup>	_____
<b><u>PCV (1-4 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
	3 <sup>rd</sup>	_____	4 <sup>th</sup>	_____

**PRESCHOOL – 12<sup>TH</sup> GRADE:**

<b><u>DTAP/DTP (3-5 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
	3 <sup>rd</sup>	_____	4 <sup>th</sup>	_____
	5 <sup>th</sup>	_____		
<b><u>TDAP (1 DOSE GRADE 6-12)</u></b>	1 <sup>st</sup>	_____		
<b><u>IPV (POLIO 3-4 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
	3 <sup>rd</sup>	_____	4 <sup>th</sup>	_____
<b><u>MMR (1-2 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
<b><u>HEP B (1-2 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
	3 <sup>rd</sup>	_____		
<b><u>VARICELLA (1-2 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____
<b><u>MENINGOCOCCAL(1-2 DOSES)</u></b>	1 <sup>st</sup>	_____	2 <sup>nd</sup>	_____

DOCTORS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_