REQUIRED IMMUNIZATIONS 2007 - 2008

CHECK OFF THE BOXES BY LOOKING AT YOUR SHOT RECORD

Student's Legal Name_____ Date of Birth_____ Grade _____
(please print)

Phone (home)_____ (cell)_____

1. DtaP / DTP ↦ ↦ ↦ ↦_____ **PLEASE NOTE: LAST SHOT MUST BE ON OR AFTER 4TH BIRTHDAY**
   1 2 3 4 - write full date of last shot

2. Polio ↦ ↦ ↦_____ **PLEASE NOTE: LAST SHOT MUST BE ON OR AFTER 4TH BIRTHDAY** (OPV or IPV)
   1 2 3- write full date of last shot

3. MMR ↦ _____ ↦ _____ **PLEASE NOTE: BOTH MUST BE ON OR AFTER 1ST BIRTHDAY**
   (Measles, mumps, rubella) 1 – write full date 2 – write full date

4. Hepatitis B Series ↦ ↦ ↦ **PLEASE NOTE: THIS IS NOT THE SAME AS HIB**
   (HBV or HEP B) 1 2 3

5. Varicella (chickenpox shot, Varivax) ↦ **OR** My child had chickenpox on (month)_____ (year)_____.
   1

ATTACH A COPY OF YOUR DOCTOR'S SHOT RECORD TO THIS FORM

I understand that my child's enrollment is not official until immunizations are verified by the school nurse.

Parent/Legal Guardian Signature_____ Date_____