

CERTIFICATE OF IMMUNIZATION

NAME :					DOB <u>:</u>		Sex: Female Male	
SCHOOL:					GRADE:			
		_			JDENTS ATTENDING SO REQUIREMENTS. (highle			
Vaccine			Date/Vacci	ine tyne	Vaccine		Date/Vaccine type	
Hepatitis B (eg: HepB, HepB-Hib,		1 2	1		Measles Mumps Rubella (first measles after 12 mo old)		Date/Vaccine type	
DTaP-HepB-IPV)	•	3			Varicella	1		
Diptheria, Tetanus		1			2 doses Req. for K			
Pertussis		2			Hepatitis A			
(eg: DTaP, DT, D	TaP-Hib.	3			Tiepatitis A	1 2		
DTaP-HepB-IPV, Td)		4		Influenza		1		
Tdap		1			IIIIueiiza			
	to 6-12 th	-			Other	2		
Req. for entrance to 6-12 th Grades, born after 1/1/1994						H		
Polio	1 1/1/1004	1						
(eg: IPV, DTaP-H	enR-IP\/\	2			-			
(cg. ii v, Diai -iii	CPD-II V)	3			Pnuemococcal	1		
		4			PreK -Born after 1/1/2008	2		
Haemophilius	•	1			- 1 Text - Bottl after 1/ 1/2000	3		
Influenza type		2				4		
(preK only)	e D	3			Meningococcal(MenACWY)	1		
(prere only)		4			Req. for 7 th , 8 th and 12 th grades	2		
		4			red. for 7 , 6 and 12 grades			
Proof Of Immunity Check One					Obtail		IP-4.	
		-	Check	One	Chicke	enpo	x History	
Test (if done)	Date of	Test	Positive	Negative				
Measles	/ /				Check the box if this		b Dbi.i	
Mumps	Numps / /					s pei	son nas a Physician-	
Rubella / /						•	rson has a Physician-	
	/ /				certified reliable his	tory	of chickenpox.	
Varicella*	1 1				certified reliable his Reliable history may be	tory base	of chickenpox. ed on:	
Varicella* Hepatitis B	/ / / / / /				certified reliable his Reliable history may be O Physician interp	tory base retat	of chickenpox. d on: ion of parent/guardian	
Hepatitis B					certified reliable his Reliable history may be Orange Physician interp description of ch	tory base retat icke	of chickenpox. d on: ion of parent/guardian npox	
Hepatitis B Polio					certified reliable his Reliable history may be Physician interp description of ch	tory base retat icke sis o	of chickenpox. ed on: ion of parent/guardian npox f chickenpox, or	
Hepatitis B	/ / / / / / / / / check Chi	ckenpox	History box		certified reliable his Reliable history may be Orange Physician interp description of ch	tory base retat icke sis o	of chickenpox. ed on: ion of parent/guardian npox f chickenpox, or	
Hepatitis B Polio * Must also				esults:mı	certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof	tory base retat icke sis o of im	of chickenpox. Id on: ion of parent/guardian npox f chickenpox, or munity	
Hepatitis B Polio * Must also Tuberculin (P	PD); date	e <u>:</u> /	/ Re		certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof	tory base retat icke sis o of im	of chickenpox. ed on: ion of parent/guardian npox f chickenpox, or munity /Results:	
Hepatitis B Polio * Must also Tuberculin (P	PPD); date	e: / ization ii	/ . Re		certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof mr; Chest X-Ray: date	tory base retat icke sis o of im	of chickenpox. Indicated on: I	
Hepatitis B Polio * Must also Tuberculin (P	PPD); date	e: / ization ii	/ . Re		certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof mr; Chest X-Ray: date	tory base retat icke sis o of im	of chickenpox. ed on: ion of parent/guardian npox f chickenpox, or munity /Results:	
Hepatitis B Polio * Must also Tuberculin (P	PPD); date	e: / ization ii	/ . Re		certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof mr; Chest X-Ray: date	tory base retat icke sis o of im	of chickenpox. Indicated on: I	
Hepatitis B Polio * Must also Tuberculin (P I certify that the	PPD); date	e: / ization ii	/ . Re		certified reliable his Reliable history may be Physician interp description of ch Physical diagnor Serologic proof mr; Chest X-Ray: date	tory base retat icke sis o of im	of chickenpox. Indicated on: I	

Certificate of Immunization rev: 7/17

Phone: