**Medical Information and Immunization Record**

Student Name: (Last) (First) Date of Birth

Sex: Male Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student must have the following inoculations, prior to arrival in order to be admitted into a high school. Please note that some schools may require additional inoculations or boosters before allowing a student to attend class. Cost for inoculation or boosters is not covered by health insurance and it is the responsibility of the student. **A red asterisk symbol (\*) means that this field is required**.

| **VACCINE** | *Enter Month, Day, and Year each Immunization was given*  **DOSES** | | | | **BOOSTERS & DATES** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DTaP(Diphtheria,Tetanus,Pertussis) or DT (Diphtheria,Tetanus) \*\*Circle one\*\* | \*1  / / | \*2  / / | | \*3  / / | \*4  / / | | 5  / / |
| Polio: OPV, IPV \*\*Circle one\*\* | \*1  / / | \*2  / / | | \*3  / / | 4  / / | | 5  / / |
| MMR: Measles, Mumps, Rubella | \*1  / / | \*2  / / | |  |  | |  |
| Hepatitis B | \*1  / / | | \*2  / / | | | \*3  / / | |
| Varicella (Chicken Fox) | \*1  / / | | \*2  / / | | | Varicella Disease or Lab Evidence Date: | |
| TB Skin test(Mantoux) | \*1  / / | | Results: Positive Negative | | | | |
| Chest X-ray (\*) If TB skin test is positive, the student must have a chest X-ray | 1  / / | | Results: | | | | |

**For entry into 7TH grade of higher:**

| Tetanus, Diphtheria and Acellular Pertussis(Tdap) | \*1  / / |
| --- | --- |
| Meningococcal(MCV) | \*1  / / |

**Physician’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**