

# Immunization Record

My School Name

Student Name

Date of Birth

Statement such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information

Vaccine	Date Administered <i>Month/Day/Year</i>						
	One	Two	Three	Four	Five	Six	Seven
<b>DTP/DT/Td / DTaP</b> (Tetanus) Specify Type							
<b>Haemophilus Influenza Type B (HIB)</b>							
<b>OPV / IPV</b> (Polio) Specify Type							
<b>MMR</b> If Measles, Rubella, or Mumps vaccines were given before 12 months of age the dosage must be repeated.							
<b>Varicella</b> (Chickenpox disease)							
<b>Hepatitis B</b>							
<b>Pneumococcal Conjugate (PCV)</b>							
<b>Meningococcal</b> All Campers going into 7 <sup>th</sup> and 8 <sup>th</sup> grade must have their 1 <sup>st</sup> dose.							
<b>HepA</b>							
<b>Influenza</b>							
<b>Other</b>							
Indicate physician diagnosis of disease or laboratory evidence of immunity as applicable:							

**LIST VACCINES WAIVED DUE TO REACTIONS/ CONTRAINDICATIONS/RELIGIOUS OBJECTIONS**

I certify that the immunization dates are true to the best of my knowledge. Complete if this student is a new enrollee to the school or if additional immunizations have been given this year.

Validating Signature

Title

Date