KELLENBERG MEMORIAL HIGH SCHOOL
1400 Glenn Curtis Blvd.
Uniondale, NY 11553
(516) 292-0200 Fax: (516) 292-0877

DOCUMENTED IMMUNIZATION DATES

Last Name: _____

First Name: _____

Date of Birth: _____ Grade: _____

DPT-D Tap: _____ _____ _____ _____ _____

DT: _____ _____ _____ _____

TD: _____ _____ _____ _____

Tdap Booster: _____

POLIO SABIN OPV: _____ _____ _____ _____ _____ _____

POLIO SALK I PV: _____ _____ _____ _____ _____ _____

Hib: _____ _____ _____ _____

			Titer Date	Results
Measles:	_____	_____	_____	_____
Mumps:	_____	_____	_____	_____
Rubella:	_____	_____	_____	_____

MMR: #1_____ #2_____

Hepatitis B: #1_____ #2_____ #3_____

Chicken Pox Vaccine: _____ or Health Provider Documented Disease _____

PPD: Date Planted _____ Date Read _____

Results _____mm CXR results _____

Meningococcal Vaccine: _____

Physician's Name: Physician's Stamp:

_____

Date:_____