

**KELLENBERG MEMORIAL HIGH SCHOOL**

1400 Glenn Curtiss Boulevard

Uniondale, NY 11553

Phone: (516) 292-0200      Fax: (516) 292-0877

**DOCUMENTED IMMUNIZATION DATES**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in September 2015: \_\_\_\_\_

DPT, DTaP: \_\_\_\_\_

Tdap Booster: \_\_\_\_\_ (students 11 yrs & older entering 6<sup>th</sup> grade)

POLIO: \_\_\_\_\_

MMR: #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Titer \_\_\_\_\_

Hepatitis B: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Chicken Pox Vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Health Provider Documented Disease \_\_\_\_\_

Hib: \_\_\_\_\_

PPD: Date Planted \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_ mm CXR results \_\_\_\_\_

Meningococcal Vaccine: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Physician's Stamp:** \_\_\_\_\_

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