

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 2017: _____

DPT, DTap: _____

Tdap Booster: _____ (students 11 yrs & older entering 6th grade)

POLIO: _____

MMR: #1 _____ #2 _____ or Titer _____

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

Chicken Pox Vaccine #1 _____ #2 _____ or Health Provider Documented Disease _____

Hib: _____

Meningococcal Vaccine MEN ACWY: #1 _____ #2 _____ (students entering 7th and 12th grade)

Physician's Signature: _____ Physician's Stamp:

Date: _____

**IN LIEU OF SUBMITTING THIS FORM, PARENTS MAY SUBMIT A
PRINTOUT OF IMMUNIZATIONS RECEIVED WHICH IS SIGNED
AND STAMPED BY A PHYSICIAN.**