



2018-2019

# Nurse's Registration Checklist

## Hudson Peavy Primary



State and District Required Immunizations \*\*PK-5<sup>th</sup> Grade

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Has a Complete Record

\_\_\_\_\_ Immunization Record **NOT** complete.

Student must have the following vaccinations before eligible to register and attend school.

### **\*\* State Immunization Requirements \*\***

\_\_\_\_\_ DTP/DTAP (4 doses, last one after 4<sup>th</sup> birthday)

\_\_\_\_\_ Hep A (2 doses; first dose on/after 1<sup>st</sup> birthday, 6m apart)

\_\_\_\_\_ Hep B ( 3 doses; #1 birth, #2 a month later, #3 at anytime >6m)

\_\_\_\_\_ HIB (1 dose; on/after 15 mos. **OR** 3 doses 3<sup>rd</sup> after 1<sup>st</sup> Birthday)

\_\_\_\_\_ Polio (3 doses last one after 4<sup>th</sup> birthday)

\_\_\_\_\_ MMR (2 doses; first dose on/after 1<sup>st</sup> birthday; 2<sup>nd</sup> anytime)

\_\_\_\_\_ Varicella (2 doses K-5<sup>th</sup>; first dose on/after 1<sup>st</sup> birthday)

\_\_\_\_\_ PCV (1 dose on/after 15mos. **OR** 4 doses one given after 1<sup>st</sup> b-day)

\_\_\_\_\_ TB TEST with results (after 3<sup>rd</sup> birthday; \*HISD POLICY)