

IMMUNIZATION HISTORY FORM



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STUDENT CONTACT INFORMATION

Please print

Student's Name _____ Gender: Male Female
Home Address _____ City/State/Zip _____
Date of Birth (mm/dd/yy) _____ Social Security _____
Parent/Guardian Name(s) _____
Parent/Guardian Address (if different from above) _____
Home Phone: _____ Student cell _____
Parent/Guardian Day Phone: _____ Evening phone _____
Emergency Contact: _____ Relationship _____
Emergency Day phone: _____ Evening phone _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR MEDICAL PROVIDER.

Medical Provider: Please document immunization dates below. If documentation is unavailable, re-immunization is a pre-matriculation requirement. Registration will be denied if the required immunizations are not documented. A physical examination is NOT required.

Check here if the student is exempt from immunization requirements due to the medical contraindication or religious beliefs. A signed statement from a Healthcare Provider or Clergy is required.

REQUIRED IMMUNIZATIONS

1. Tetanus Diphtheria - required within last 10 years: _____ OR Tdap _____
DATE DATE

2a. MMR (Measles, Mumps, Rubella) – two MMR doses required: One at least 12 months after birth or later, and one at least one month after the first dose.
Dose # 1: _____ Dose# 2: _____
DATE DATE

OR

2b. If measles, mumps or rubella were given separately, two doses of measles and mumps are required. Please list below with doses.

Dose# 1: _____ Dose# 2: _____
DATE DATE

3. Hepatitis B (must have at least first dose): Dose# 1: _____ Dose #2: _____ Dose #3: _____
DATE DATE DATE

4. Polio – Completed primary series? YES NO

5. Chicken Pox - had disease OR had vaccine _____
DATE #1 REQUIRED DATE #2 RECOMMENDED

6. Other Vaccines - _____

→ SEE REVERSE SIDE

