

# IMMUNIZATION HISTORY

*All Kindergarten students must have an immunization record in the school office before the first day of school. This student may NOT attend Kindergarten without a record of having received the required immunizations listed below or unless a medical exemption form has been filed with the school office.*

## IMMUNIZATION RECORD: (month/day/year)

D.P.T. (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_ (4)\_\_\_\_\_ (5)\_\_\_\_\_

I.P.V. (please indicate if OPV) (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_ (4)\_\_\_\_\_

Hepatitis B: (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_

Hib: (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_ (4)\_\_\_\_\_

MMR: (1)\_\_\_\_\_ (2)\_\_\_\_\_

Varicella Vaccine (chickenpox) (1)\_\_\_\_\_ (2)\_\_\_\_\_ OR please list the month and year that child had the disease \_\_\_\_\_

Hepatitis A (1)\_\_\_\_\_ (2)\_\_\_\_\_

Please list any other vaccines given, along with date received:

\_\_\_\_\_

\_\_\_\_\_  
Physician completing this form (please print or stamp)

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date