

Sandusky County Board Of Developmental Disabilities

(School of Hope, MACC, CLEC) 1001 Castalia Street - Fremont - Ohio - 43420 Phone: 419-332-9296 - Fax: 419-332-9571

www.scbdd.org

IMMUNIZATION RECORD

Student's Name:		D	ОВ	
ТҮРЕ	DATE (MONTH / DAY / YEAR)			
DtaP, DPT, or DT				5 th dose required if 4 th dose given before age 4
Tdap/Td				Booster required at 12 years of age
POLIO				4 th dose required, final dose given after 4 th birthday
MMR				2 nd dose required for K. and 28 days after 1 st dose
HEPATITIS B				
VARICELLA				2 nd dose required for those turning 6 yr old after Aug 2010
HIB (prior to age 5 only)				Required for E.I. - 4 doses by 15 months & 1 dose after 15 months
TUBERCULIN TEST				
PREVNAR				
OTHER				
Verification completed by:		Da	nte:	