



## IMMUNIZATION RECORD

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

TYPE	DATE (MONTH / DAY / YEAR)					
DtaP, DPT, or DT						5 <sup>th</sup> dose required if 4 <sup>th</sup> dose given before age 4
Tdap/Td						Booster required at 12 years of age
POLIO						4 <sup>th</sup> dose required, final dose given after 4 <sup>th</sup> birthday
MMR						2 <sup>nd</sup> dose required for K. and 28 days after 1 <sup>st</sup> dose
HEPATITIS B						
VARICELLA						2 <sup>nd</sup> 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: \_\_\_\_\_ Date: \_\_\_\_\_

