

VACCINATION FORM

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ALL CHILDHOOD VACCINATION DATES MUST BE RECORDED ON THIS FORM
(ATTACHMENTS NOT ACCEPTED)

REQUIRED VACCINATIONS

MMR (2 injection
dates required)

Date #1 \_\_\_/\_\_\_/\_\_\_
(Given after 12 mos of age)

Date #2 \_\_\_/\_\_\_/\_\_\_
(Given at 4-6 yrs or later)

OR

Titer Date: \_\_\_/\_\_\_/\_\_\_

Results: \_\_\_\_\_

POLIO

Date Primary Series Completed: \_\_\_/\_\_\_/\_\_\_

DPT

Date Primary Series Completed: \_\_\_/\_\_\_/\_\_\_

TD/Tdap Booster)

Date: \_\_\_/\_\_\_/\_\_\_ (DATE MUST BE WITHIN LAST 10 YEARS)

VARICELLA

History of Disease

Yes \_\_\_\_\_

OR

Date of positive titer: \_\_\_/\_\_\_/\_\_\_

OR TWO DOSES REQUIRED

Immunization dose #1 date: \_\_\_/\_\_\_/\_\_\_

Immunization dose #2 date: \_\_\_/\_\_\_/\_\_\_

MENINGOCOCCAL
(Meningitis A)

Brands names: Menactra;
Menveo; or ACWY

Vaccine date: \_\_\_/\_\_\_/\_\_\_

Booster date: \_\_\_/\_\_\_/\_\_\_

(Recommended)

If you are not up to date on Meningitis Vaccine you must sign waiver on PAGE 4

RECOMMENDED VACCINATIONS

HEPATITIS B

Dose #1 date: \_\_\_/\_\_\_/\_\_\_

Dose #2 date: \_\_\_/\_\_\_/\_\_\_

Dose #3 date: \_\_\_/\_\_\_/\_\_\_

GARDASIL

Dose #1 date: \_\_\_/\_\_\_/\_\_\_

Dose #2 date: \_\_\_/\_\_\_/\_\_\_

Dose #3 date: \_\_\_/\_\_\_/\_\_\_

MENINGITIS B

Brand names:
Trumenba or
Bexsero

Dose #1 date: \_\_\_/\_\_\_/\_\_\_