



# FUTURE BILINGUAL SCHOOL FOR SPECIAL NEEDS

## IMMUNIZATION HEALTH FORM

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

IMMUNIZATION	DATES (month, day, year) OF VACCINE DOSES GIVEN							
	1	2	3	4	5			
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)								
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)								
*Tdap booster (6th grade entry)								
*Poliomyelitis (IPV, OPV)								
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age								
*Pneumococcal (PCV conjugate) *only for children <60 months of age								
Measles, Mumps, Rubella (MMR vaccine)								
*Measles (Rubeola)			Serological confirmation of Measles immunity:					
*Rubella			Serological confirmation of Measles immunity:					
*Mumps								
*Hepatitis B Vaccine (HBV) Merck adult formulation used								
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity					
Hepatitis A Vaccine								
Meningococcal Vaccine								
Human Papillomavirus Vaccine								
Other								
Other								