



STUDENT IMMUNIZATIONS

Key: ME = medical exemption **Student's Name and Date of Birth:**
RE = religious exemption
DZ = disease

NOTE: ENTER THE DATE FOR EACH DOSE IN THE BLANK

Required	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DPT/DTaP/DT						
Tdap		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Td		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Meningococcal		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Polio					XXXXXXXXXX	XXXXXXXXXX
Hepatitis B					XXXXXXXXXX	XXXXXXXXXX
Measles			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Mumps			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Rubella			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Varicella			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Chickenpox/Varicella Disease [date]		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

Recommended

Hepatitis A _____ _____

HPV _____ _____

Hib _____ _____

Prevnar _____ _____

Influenza _____ _____

_____ _____

_____ _____