

IMMUNIZATION DOCUMENTATION

Last Name	First Name	MI	Date of Birth	Gender (M or F)
-----------	------------	----	---------------	-----------------

Address

Father's Name	Mother's Name	Guardian's Name
---------------	---------------	-----------------

Indiana Law requires parents of all school children to furnish proof of the child's immunizations. Please fill out the following form with the exact dates immunizations were given:

DTaP/DPT/DT/Td 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Four doses of DTaP/ DPT/ DTI/ Td are acceptable if the fourth dose was administered on or after the child's fourth birthday

POLIO*** 1) _____ 2) _____ 3) _____ 4) _____

***4th doses must be administered on or after child's fourth birthday. This applies to kindergarten for 2010-2011. If **any combination** of IPV or OPV was used, 4 doses are required regardless of age when administered. 4 doses of all IPV or OPV are a complete series or three doses of all OPV or all IPV are acceptable if the third dose was administered on or after the child's fourth birthday.

MMR 1) _____ 2) _____

HEPATITIS B 1) _____ 2) _____ 3) _____

VARICELLA (Chicken Pox ** 1) _____ 2) _____ or 3) _____
Date of Immunization Date of Immunization Approximate Date of Disease

**Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1st grade students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12.

If your child has any health issues that the school staff should be aware of, please list them below.
