

IMMUNIZATION HISTORY

Student Name: _____

Date of Birth: _____ Entering Grade: _____

DTaP (4–5 doses) (month/date/year)	Polio (IPV) (3–4 doses) (month/date/year)	Hepatitis B (3 doses) (month/date/year)	Haemophilus Influenza B (HIB) (1–4 doses) (month/date/year)	Pneumococcal (PCV) (1-4 doses) (month/date/year)

MMR (2 doses) (month/date/year)	Varicella (2 doses) (month/date/year)	Measles (Optional 2 doses) (month/date/year)	Mumps (Optional 2 doses) (month/date/year)	Rubella (Optional 2 doses) (month/date/year)

Tdap (1 dose) (month/date/year)	Meningococcal (2 doses) (month/date/year)	Influenza (Flu) (Optional) (month/date/year)		

Physician Signature: _____ Date: _____