Avenues

Immunization History

Student Name (Required) Date of Birth (Required)

DTaP (4-5 doses) (month/date/year)	**Polio (IVP/OPV)** (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 booster (1 dose) (month/date/year)	**Meningococcal** (2 doses) (month/date/year)	**COVID-19** (2-3 doses) (required for >16 yrs) (month/date/year)	**Influenza (Flu)** (required for <5yrs) (month/date/year)

Physician Signature Date