



# IMMUNIZATION RECORD

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

DPT/DTaP/Td 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ Booster \_\_\_\_\_ Booster \_\_\_\_\_  
*(diphtheria, pertussis, tetanus)*

POLIO (OPV/IPV) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

MMR/M 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
*(Measles, Mumps, Rubella)*

Hib CV (Haemophilus) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Hepatitis B 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Varicella 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Hepatitis A 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

PCV7 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Tuberculin Skin Test: Date \_\_\_\_\_ Result: \_\_\_\_\_ Chest X-ray Date \_\_\_\_\_ Result \_\_\_\_\_

### HEALTH HISTORY *(Please explain any yes answers)*

1) List any drug, food, environmental, etc. allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

2) List all medications taken on a daily basis: Yes \_\_\_\_\_ No \_\_\_\_\_

3) History of any hospitalization or surgery: Yes \_\_\_\_\_ No \_\_\_\_\_

4) Any spinal injuries or spinal defects: Yes \_\_\_\_\_ No \_\_\_\_\_

*Note special concerns regarding participation in physical education, athletics or sports for your child:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date