



# St. Ignatius College Preparatory School

1206 Navaho. Arlington, Texas 76012. (817) 801 - 4801. [www.ignatiusofloyola.org](http://www.ignatiusofloyola.org)

## Immunization Record Form

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

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please give MONTH and YEAR for each.

DPT/PT 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
After 4<sup>th</sup> Birthday Booster In past 10 years

POLIO 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

MEASLES 1 \_\_\_\_\_ (after 1<sup>st</sup> Birthday) 2 \_\_\_\_\_ (after 12<sup>th</sup> Birthday)

MUMPS 1 \_\_\_\_\_

RUBELLA 1 \_\_\_\_\_

TB / PPD 1 \_\_\_\_\_ + / - 2 \_\_\_\_\_ + / -  
(Please circle one) (Please circle one)

Hib 1 \_\_\_\_\_

HEPATITIS B1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Other \_\_\_\_\_

Is the child currently taking any medications on a regular basis? \_\_\_\_\_  
If yes, what? \_\_\_\_\_

Are there any physical or emotional problems that may limit full school activity? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date