

IMMUNIZATION REPORT
10TH through 12th grade students

School Bishop Canevin High School Grade _____ Homeroom _____

Child _____ DOB _____ Gender: M F

Immunizations: REQUIRED by state law for entry into school.

VACCINE Circle appropriate item	Enter Month, Day and Year EACH dose for the Immunization was given.				
Diphtheria, Tetanus and Pertussis (DTaP, DTP, Td or DT)	1	2	3	4	5
Tdap	1				
Polio (OPV or IPV)	1	2	3	4	
Hepatitis B	1	2	3		
Measles – Mumps – Rubella (MMR)	1	2			
Meningitis (MCV4)	1	2 (prior to 12 th gr.)			
Varicella (Vaccine or Disease)	1 (12-16 months)	2 (4-6 years)	If your child has not been vaccinated but has had the chicken pox disease you will need to provide a written statement from the child's doctor noting the month & year of the disease.		
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for 12 years old or entry into 7 th grade.					

Immunizations: RECOMMENDED by the Health Department. Circle all your child has received.

VACCINE	Enter Month, Day and Year EACH dose for the Immunization was given.				
Hepatitis A	1	2			
HPV	1	2	3		
Hib					
Influenza					
Prevnar					
Other					

Date _____ Name of Physician _____ Signature of Physician _____