

# WALLINGFORD-SWARTHMORE SCHOOL DISTRICT

## Parent's Report of Immunization Status for School Entry

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Gender: Male Female  
Address \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ School: \_\_\_\_\_

**Diphtheria, Tetanus: Grades K - 12 = 4 doses required** (usually listed as DtaP, DTP, Td, or DT vaccine)  
**Grade 7** - additional Tdap required if 5 years have lapsed since 4th dose of Tetanus containing vaccine  
Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 3<sup>rd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 4<sup>th</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ (On or after the 4th birthday)  
Date of Tdap \_\_\_\_/\_\_\_\_/\_\_\_\_ (After 11th birthday)

**Polio: 3 or more doses (any combination of Salk and oral)**  
Salk(√) Oral(√)  
Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date of 3<sup>rd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date of 4<sup>th</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**Measles, Mumps, Rubella:** often referred to as MMR but could be separate vaccines. One dose of Rubella is required; two doses of Measles and Mumps are required.  
**The first dose must be administered on or after the child's 1st birthday.**  
First birthday was \_\_\_\_/\_\_\_\_/\_\_\_\_  
Measles Vaccine Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ (required)  
Or evidence of a blood test proving immunity  
Rubella Vaccine Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
Or evidence of a blood test proving immunity  
Mumps Vaccine Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
Or a signed physician statement that child had the disease

**Varicella - 2 doses required for all K-12 students that have not had the Chickenpox**  
Chickenpox: date of disease \_\_\_\_/\_\_\_\_/\_\_\_\_ OR 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hepatitis B: 3 doses required for all K - 12 students.**  
Date of 1<sup>st</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of 2<sup>nd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of 3<sup>rd</sup> dose \_\_\_\_/\_\_\_\_/\_\_\_\_

**Meningitis - required for Grade 7 - Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

Source of Information (attach copies) \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_