

Student: _____ **Date:** _____

**STUDENT IMMUNIZATION RECORD
TO BE COMPLETED BY PARENT**

An asterisk (*) next to the space indicates a required vaccination.

If you have any questions about your student’s vaccination needs, contact the Health Office.

Tuberculosis: Date of last skin test: _____*
(It is **mandatory** within the last 2 years, or 1 year if the student has traveled anywhere out of the country within the last 12 months.)

Type Given: PPD-Mantoux: _____ Other: _____

Results: Positive: _____ Negative: _____

Date of last chest x-ray (for positive skin test, must be within last three years): _____ **Impression:** _____ **Results:** _____

DTaP (diphtheria, tetanus, and pertussis): _____* _____* _____* _____* _____

Polio (OPV or IPV): _____* _____* _____* _____* _____

Hib (Haemophilus influenza type b): _____* _____* _____* _____*

Tdap (must have been given after student’s 7th birthday): _____* _____

MMR (measles, mumps, rubella): _____* _____*

HepB (Hepatitis B): _____* _____* _____*

Varicella (chicken pox): _____* _____

HepA (Hepatitis A): _____ _____

Others (such as HPV, meningococcal, BCG, Japanese Encephalitis, typhoid):

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature of Parent: _____ **Date:** _____