School Entry Immunization Record

Student Name

Last, First, Middle

Date of Birth

MM / DD / YYYY

School Name

School

Parent/Guardian Name

Phone Number

Grade

Immunization History

Vaccine	Dose 1 Date Given	Dose 2 Date Given	Dose 3 Date Given	Dose 4 Date Given	Dose 5 Date Given
DTP/DTaP/DT/Td					
Polio (IPV/OPV)					
MMR					
Hepatitis B					
Varicella (Chickenpox)					
Other					

Additional Notes

(e.g. Exemptions, illnesses, etc.)

Signature

Signature of Provider

MM / DD / YYYY

Date

Provider Name & Clinic

Provider Name & Clinic