

Kindergarten – Grade 12 Immunization Record

(optional use)



Name:			
_____	_____	_____	_____
Last	First	M.I.	Suffix
Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Date of Birth: ____/____/_____		Student ID #: _____	
		Date of Enrollment: ____/____/____ Month Year	

Immunizations: enter month date and year given or attach copy of shot record and place a check mark (✓) in the box for doses given

Vaccine Requirement	Dose Number					Exemptions ✓ to specify type ✓ when exemption form is completed
Kindergarten Entry:						
DTaP / DTP 5 doses	1	2	3	4	5	<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
IPV / OPV (polio) 4 doses	1	2	3	4		<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hepatitis B 3 doses	1	2	3			<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
MMR 2 doses	1	2				<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Varicella 2 doses	1	2	History of Disease Form Completed ____			<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
7th Grade Entry requires all of the above plus:						
TDAP / Td 1 dose	1					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Meningococcal Required only if living in a dorm	1					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed

**The Vermont Department of Health
Immunization Program
108 Cherry Street
Burlington, Vermont 05401**

**802-863-7638 or
1-800-464-4343 ext. 7638
healthvermont.gov**