VERMONT
DEPARTMENT OF HEALTH

# Kindergarten – Grade 12 Immunization Checklist

**March 2024**

Name: _____ _____ _____
Last First M.I.

Address: _____ _____ _____ _____
Street City State Zip Code

Date of Birth: ____/____/_____

Student ID #: _____

Date of Enrollment: ____/_____

**Immunizations:** enter month, day 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<br>√ to specify type √ when exemption form is completed |
|---|---|---|---|---|---|---|
| **Kindergarten Entry:** | | | | | | |
| DTaP<br>5 doses | 1 | 2 | 3 | 4 | 5 | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| IPV / OPV (polio)<br>4 doses | 1 | 2 | 3 | 4 | | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| Hepatitis B<br>3 doses | 1 | 2 | 3 | | | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| MMR<br>2 doses | 1 | 2 | | | | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| Varicella<br>2 doses | 1 | 2 | Or history of disease documentation completed ____ | | | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| **7th Grade Entry requires all of the above plus:** | | | | | | |
| Tdap<br>1 dose | 1 | | | | | ___ Medical ___ Religious*<br>☐ *Current year form signed |
| Meningococcal* | 1 | | | | | ___ Medical ___ Religious*<br>☐ *Current year form signed |

* Required only if living in a dorm

**The use of this form is optional and does not constitute an official record.**