

## Kindergarten - Grade 12 Immunization Checklist

**March 2024** 

Name:								
Last				First		M.I.	M.I.	
Address:								
Street				C	ity	State	Zip Code	
Date of Birth:	/	/						
Student ID #:								
Date of Enrollmo	ent:	/						
Immunizations: e check mark ( $\sqrt{\ }$ ) in					iven or	attach copy of shot record ar	nd place a	
Vaccine	Dose Number					Exemptions		
Requirement						√to specify type √ when exemption form is completed		
Kindergarten Entry:								
DTaP 5 doses	1	2	3	4	5	Medical Religious*  □ *Current year form signed	l	
IPV / OPV (polio) 4 doses	1	2	3 4			Medical Religious*   Current year form signed		
Hepatitis B 3 doses	1	2	3			Medical Religious*  □ *Current year form signed		
MMR 2 doses	1	1 2				Medical Religious*  □ *Current year form signed		
Varicella 2 doses	1	2	Or history of disease documentation completed			Medical Religious*		
7th Grade Entr	y requ	ires a	ll of th	ne abo	ve plu	s:		
Tdap 1 dose	1					Medical Religious*  □ *Current year form signed		
Meningococcal* (MenACWY)	1					Medical Religious*  □ *Current year form signed		

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

<sup>\*</sup> Required only if living in a dorm