



ISLAND TREES PUBLIC SCHOOLS

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45 WANTAGH AVENUE SOUTH
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Island Trees Public Schools

Immunization Record

Student _____

Date of Birth _____

Disease	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DPT, DT (Diphtheria, Pertussis, Tetanus Toxoid)					
Tdap					
Polio (OPV, IPV)					
MMR (Measles, Mumps & Rubella,)					
HIB (Haemophilus Influenza Type B)					
Hepatitis "B"					
Varicella (Chicken Pox)					
Other					

Physicians Signature -----