

**ISLAND TREES UNION FREE SCHOOL DISTRICT**

**IMMUNIZATION RECORD**

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**VACCINE DATE OF IMMUNIZATION**

POLIO(IPV/OPV) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

MMR 1. \_\_\_\_\_ 2. \_\_\_\_\_ titres \_\_\_\_\_

DTaP, DTP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Tdap 1. \_\_\_\_\_ 2. \_\_\_\_\_

HEPATITIS B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ titres \_\_\_\_\_

VARICELLA 1. \_\_\_\_\_ 2. \_\_\_\_\_ disease \_\_\_\_\_ titres \_\_\_\_\_

Hep A 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

HPV 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Meningitis/ Brand 1. \_\_\_\_\_ 2. \_\_\_\_\_

P.P.D. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

OTHER- NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER- NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Doctor's Stamp: \_\_\_\_\_

**MINIMUM REQUIREMENT FOR SCHOOL ATTENDANCE:**

DTaP, DTP: 4-5 doses required (final dose after age 4)

Tdap: required for students grades 6-12, must be received by age 11

POLIO (IPV/OPV): 3-4 doses required( final dose after 4yrs)

MMR: 2 doses required for all grades

HEPATITIS B: 3 dose series required

CHICKEN POX: 2 doses required for Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 6<sup>th</sup>,7<sup>th</sup>, and 8<sup>th</sup>

Meningitis: 1 dose required in 7<sup>th</sup> and 12<sup>th</sup> grade. (new for 2016)