



IMMUNIZATION FORM

* Immunizations required prior to school enrollment as per the Connecticut State Law.

DPT/DT	At least 4 doses, with one of the doses <u>after</u> 4 th birthday
IPV/OPV	3 or more doses, with one of these doses <u>after</u> 4 th birthday
MEASLES	One dose on or after the 1 st birthday and second dose by age 12
MUMPS	One dose on or after 1 st birthday
RUBELLA	One dose on or after 1 st birthday
VARICELLA	One dose on or after the 1 st birthday and second dose by age 12
HEPATITIS B	Complete series (three doses) required for entry into school
MENINGOCOCCAL	One dose prior to grade 7

NAME OF STUDENT:	DATE OF BIRTH:
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IMMUNIZATION HISTORY

Vaccine Type	1 st Dose M/D/Y	2 nd Dose M/D/Y	3 rd Dose M/D/Y	4 th Dose M/D/Y	5 th Dose M/D/Y
DTP	*	*	*	*	
Td					
Polio (OPV or IPV)	*	*	*		
Measles / MMR	*	*		Booster for entry into K and 7 th grade (age 12)	
Mumps	*				
Rubella	*				
HIB Vaccine	*				Students under age 5
Hepatitis B Vaccine	*	*	*	Required for entry into school: Complete series (three doses)	
Varicella Vaccine	*			2 doses separated by at least 3 months- 1 st dose on or after the 1 st birthday; or verification of disease	
Meningococcal				One dose, prior to grade 7	

OTHER VACCINES (Specify)

Disease Hx As above:	_____ (specify)	_____ (date)	_____ (confirmed by)
Chicken Pox:	_____ (specify)	_____ (date)	_____ (confirmed by)

TB and Other Test Results (Sickle Cell, etc.)

TB: In high-risk group? _____ yes _____ no

Test	Date	Results

Physician's Name: _____ Phone Number: _____

Address: _____

Signature: _____ Date: _____