

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT IMMUNIZATION RECORD  
TO BE COMPLETED BY PARENT**

**Tetanus:** Date of last shot: \_\_\_\_\_  
(Must be within the last 10 years)

**\*Tuberculosis:** Date of last skin test: \_\_\_\_\_  
(It is **mandatory** it be within the last 2 years, or 1 year if the student has traveled anywhere out of the country within the last 12 months.)

**Type Given: PPD-Mantoux:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Results:** Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

**Date of chest X-Ray:** \_\_\_\_\_ **Impression:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**BCG:** \_\_\_\_\_

<b>DTP:</b>	_____	_____	_____	_____	_____
<b>DT:</b>	_____	_____	_____	_____	_____
<b>TD:</b>	_____	_____	_____	_____	_____
<b>Polio:</b>	_____	_____	_____	_____	_____
<b>MMR:</b>	_____	_____	_____	_____	_____
<b>Measles:</b>	_____	_____	_____	_____	_____
<b>Mumps:</b>	_____	_____	_____	_____	_____
<b>Rubella:</b>	_____	_____	_____	_____	_____
<b>Hib:</b>	_____	_____	_____	_____	_____
<b>Hep. A:</b>	_____	_____	_____	_____	_____
<b>Hep. B:</b>	_____	_____	_____	_____	_____
<b>Varicella:</b>	_____	_____	_____	_____	_____

**Others:** \_\_\_\_\_

By checking the box, I certify that there are no changes from the form I submitted last year.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_