

Student Immunization Report

DOB

Address

☐ Exempt

☐ Medical

☐ Religious

Phone

State Immunization
System ID:

Vaccine Type	1st Dose Mo/Dy/Yr	2nd Dose Mo/Dy/Yr	3rd Dose Mo/Dy/Yr	4th Dose Mo/Dy/Yr	5th Dose Mo/Dy/Yr	6th Dose Mo/Dy/Yr	7th Dose Mo/Dy/Yr	Disease Date
DPT, DT, Td, or Tdap								
Dose Type ->								
☐ IPV ☐ OPV								
HEAMOPHILUS B (HIB)						Date	Titer	
Measles, Mumps, Rubella (MMR)					or Measles Serology			
MEASLES					or Rubella Serology			
RUBELLA					or Mumps Serology			
MUMPS					Hepatitis Serology			
HEPATITIS A								
HEPATITIS B								
VARICELLA (Chicken Pox)								
HPV (Human Pappillomavirus)								
PNEUMOCOCCAL CONJULATE								
MENINGOCOCCAL								
INFLUENZA								

Tine test is not an acceptable form of TB testin

TB/Mantoux

Mantoux (Month/Day/Year)

Date given

Date read

Result: mm induration

OR

**Chest X-Ray
Result**

Immunization Notes

Doctor's Signature _____ **Date** _____

Print Name _____ **Phone** _____

Address _____