



Certificate of Immunization

This certification document must be returned to school officials at registration for placement in the official school record of the student. This form must be completed and signed by your physician.

Immunization	Minimum Requirements
Oral Polio Vaccine Date of 3rd/last dose: _____	3 doses of Polio Vaccine (oral or injected), at least one of which was administered after the fourth (4th) birthday.
Diphtheria, Tetanus, Pertussis* Date of 3rd/last dose: _____	3 doses given singly or in combination, at least one of which was administered after the fourth (4th) birthday. *Pertussis immunization is not required for individuals older than six (6) years of age. *Booster shot of Diphtheria, Tetanus at twelve (12)
Haemophilus influenzae Type b (Hib)* Date of last dose: _____	2 or 3 doses in infancy, catch-up vaccination for those missed in infancy. *Hib immunization is not required for individuals five (5) years of age or older.
Varicella (Var) Date series completed: _____	Unvaccinated persons who lack a reliable history of chickenpox should be vaccinate at age 1. Persons 10 years or older should receive two doses at least one month apart.
Hepatitis B (Hep B) Date of 3rd/last dose: _____	3 doses for those not vaccinated in infancy, the series may begin during any visit and should be completed prior to the 13th birthday.
Measles, Mumps, Rubella 1st dose: _____ 2nd dose: _____	2 doses of live attenuated vaccine given singly or in combination at least one of which was administered after the fourth (4th) or fifth (5) birthday.

_____ Name of Medical Authority (please print)	_____ Signature of Medical Authority	_____ Date
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Exemptions:

I certify that _____ should be medically exempt from the following immunization(s)

for the following reasons: _____

Name of Student: _____

Grade: _____

Check one:

The medical condition for which exemption is approved is permanent.

The exemption is temporary until _____ when the immunization can be given.
(Date)

Signature of Medical Authority