

Secondary Immunization Checklist

Date of enrollment: _____
 Coming From: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Immunization	Rules	Dates (Month/Day/Year)
Diphtheria, Tetanus, Pertusis DPT,DTaP,DT, Td	3 doses minimum with one after 4th birthday	_____
Tetanus Booster TD,Td,TdaP, adacel	10 year booster after last DPT shot (see above date)	_____
Polio OPV,IPV	4 doses with the last on or after the 4th birthday.	_____
Measles, Mumps , Rubella MMR, Measles	2 doses with the 1st dose on or after the 1st birthday (4 day grace period)	_____
Hepatitis B Hep B, HBV	3 doses	_____
Chicken Pox/Varicella Varivax, varicella	1 dose on or after 1st birthday (4 day grace period) **If had illness- need month/year	Vaccine Date: _____ or Illness: Month: _____ Year: _____
TB Testing (Mantoux, Tine, PPD,BCG)	If enrolling from a foreign country in the past 3 months	given: _____ read: _____

Parents: If there are any blanks, Enrollment cannot proceed.
 Please see your Doctor or Health Department to have immunizations completed.

I understand that immunization records will be verified by the school nurse and that my child's enrollment is conditional upon compliance with the Texas Immunization Laws.

Parent/Guardian Signature: _____ Date: _____