

ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL

STUDENTS WILL NOT BE PERMITTED TO START SCHOOL UNLESS WE HAVE THIS FORM, OR THE IMMUNIZATION RECORDS FROM THE SCHOOL STUDENT IS PRESENTLY ATTENDING ON FILE. (ANY OTHER PROOF OF IMMUNIZATION MUST BE PRESENTED TO THE SCHOOL NURSE FOR REVIEW BEFORE IT CAN BE ACCEPTED.) INCOMPLETE AND INACCURATE RECORDS WILL NOT BE ACCEPTED.

CERTIFICATE OF IMMUNIZATION

Immunizations are due prior to admission to St. Johns

NAME OF STUDENT _____ BIRTH DATE _____

ADDRESS _____, _____ ZIP _____

Public Health Law requires the following for admissions & attendance at school:

Three (3) doses of diphtheria vaccine (DTAP, DT, or Td, one dose being TDAP), three (3) doses of TRIVALENT oral polio vaccine, Two (2) dose of live measles vaccine, given after 1 year of age, TWO (2) Mumps, one (1) dose of live rubella vaccine, given after 1 year of age. Medical exemptions are acceptable if written proof is presented.

PLEASE INDICATE ALL BOOSTERS:

*3 Diphtheria
(DPT, DT, Td)

Date Date Date Date

Signature of Physician/Health Clinic

Tdap

Date

Signature of Physician/Health Clinic

*3 Polio Oral
TRIVALENT

Date Date Date Date

Signature of Physician/Health Clinic

MMR

Date Date

Signature of Physicaian/Health Clinic

Hepatitis B

Date Date Date

Signature of Physician/Health Clinic

Varivax

Date Date

Menactra

Date Date

Gardasil

Date Date Date

STAMP of Physician/Health Clinic

ADDRESS