

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT/S OF ALL STUDENTS: COMPLETE AND RETURN TO HIGHLAND COMMUNITY SCHOOL with registration information. The current age/grade specific requirements are available on the back of this form. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with Highland Community School. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact the school or local health department.

Step 1. PERSONAL DATA

PLEASE PRINT

Student's Name:	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Student's ID #			Highland Community School		2016-2017
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

Step 2. IMMUNIZATION HISTORY

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the questions about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr.	SECOND DOSE Mo/Day/Yr.	THIRD DOSE Mo/Day/Yr.	FOURTH DOSE Mo/Day/Yr.	FIFTH DOSE Mo/Day/Yr.
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					*Hib vaccine is only required for children in licensed day care centers. Do <u>not</u> report the dates your child received Hib vaccine on this form.
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ YEAR (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

Step 3. REQUIREMENTS

Refer to the age/grade level requirements for the current year (2016-2017) listed on back to determine if your child meets the requirements.

Step 4. COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS

Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE – Physician

Date signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

Step 5. SIGNATURE

This form is complete and accurate to the best of my knowledge.

SIGNATURE – Parent/Guardian/Legal Custodian

Date signed