



CERTIFICATE OF IMMUNIZATION FOR 2011-12

EISD Health Services

Name _____ Birthdate _____ Grade _____

| VACCINE | REQUIREMENTS: | Dose | Mo. | Day | Yr. |
|---|---|------------------------------------|------------|------------------------------------|----------------|
| Please Indicate Type DTP DTaP DT Tdap Td | 5 doses of any combination diphtheria-tetanus-pertussis vaccine are required: 1 dose must have been received on or after the 4 th birthday. However 4 doses meet the requirement if the 4 th dose was received on or after the 4 th birthday. | 1 st | | | |
| | Students 7 years or older: 3 doses of any combination DTP/DTaP/DT/Td vaccine, will meet the requirement if one dose was received on or after the 4 th birthday. | 2 nd | | | |
| | For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus -diphtheria-containing vaccine | 3 rd | | | |
| | For 8th -12th grades: 1 dose of Tdap is required when 10 years have passed since the last dose of a tetanus-diphtheria-containing vaccine. Td is acceptable if Tdap is contraindicated. | 4 th | | | |
| | | 5 th | | | |
| | | 6 th | | | |
| POLIO Please indicate OPV or IPV | 4 doses of polio vaccine are required with one dose on or after the 4 th birthday. However, 3 doses meet the requirement if the 3 rd dose was given on or after the 4 th birthday. | Polio 1 st | | | |
| | | 2 nd | | | |
| | | 3 rd | | | |
| | | 4 th | | | |
| MMR Measles Mumps Rubella | For Kindergarten, 1st, and 2nd grades in the 2011-12 school year: 2 doses of MMR are required with the 1 st dose given on or after the 1 st birthday | 1 st | | | |
| | For 3rd-12th grades: 2 doses of a measles containing vaccine and 1 dose each of rubella and mumps vaccine are required with the 1 st doses on or after the 1 st birthday. | 2 nd | | | |
| HIB-CV | 1 dose is required for children 15 mos. through 4 years or 3 doses with the 3 rd dose given on/after the 1 st birthday for Drop In Speech, PALS, and PPCD programs. | 1 st 2 nd | | 3 rd 4 th | |
| HEPATITIS B (HBV) | 3 doses are required. | 1 st | | | |
| | | 2 nd | | | |
| | | 3 rd | | | |
| HEPATITIS A (HAV) | For Kindergarten, 1st, and 2nd grades: 2 doses are required with the 1 st dose on or after the 1 st birthday, 6 months apart. | 1 st | | | |
| | The vaccine is optional for 3rd-12th grades | 2 nd | | | |
| MENINGOCOCCAL (MCV4) | For 7th, 8th, and 9th grades: 1 dose is required. | 1 st | | | |
| | | | | | |
| VARICELLA (Chickenpox) | For Kindergarten, 1st, 2nd, 7th, 8th, and 9th grades: 2 doses are required with the 1 st dose on or after the 1 st birthday | 1 st | | | |
| | All other students are required to have: 1 dose is required on or after the 1 st birthday, or 2 doses are required if the 1 st vaccine dose is given at age 13 or older OR a written statement by parent regarding a Varicella history | 2 nd | | | |
| PNEUMOCOCCAL CONJUGATE (PCV7/ Prevnar) | One dose on or after 24 months of age or four doses with one dose given after the 1 st birthday for Drop -In Speech, PALS, and PPCD programs | 1 st | | | |
| | | 2 nd | | | |
| | | 3 rd | | | |
| | | 4 th | | | |
| OPTIONAL TB SKIN | Decision to be made by medical provider (See back for assessment questions.) | Mo. | Day | Yr. | Results |
| | | | | | |

Physician Signature/Stamp Required

Physician Name (Please Print)

Date

TB Skin Test Assessment Questions

Does your child have a history of a Positive TB skin test?

YES NO I Don't Know

If YES – you must provide evidence from a physician, clinic, or other acceptable source that they do not have evidence of an active communicable disease.

Since your child's last TB skin test:

Has anyone in your family had tuberculosis?

YES NO I Don't Know

Do you know of any situation where your child was around an adult who has been diagnosed or suspected as having TB?

YES NO I Don't Know

Was your child born in or has your child visited a Foreign country where there is a lot of TB?

YES NO I Don't Know

If yes, which country/countries? _____

TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness, or coughing up blood.

Has your child been around anyone, who has these problems?

YES NO I Don't Know

Has your child had any of these problems?

YES NO I Don't Know

To your knowledge, has your child had contact with anyone who is at increased risk for TB infection? This includes contact with anyone who is/has been an intravenous (IV) drug user, HIV infected, in jail/prison, recently moved to the US from a foreign country?

YES NO I Don't Know

If the answer to any of these questions is “Yes”, you should seek the advice of your child's physician regarding the need for a TB skin test.