



## CERTIFICATE OF IMMUNIZATION FOR 2017-18

EISD Rev. 1/17

Name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_ Grade (2017-18): \_\_\_\_\_

Vaccine	Date (MM/DD/YY)	Requirements
Hepatitis B		3 doses are required.
Hepatitis B		
Hepatitis B		
<b>Circle one vaccine:</b>		5 doses of any combination diphtheria-tetanus-pertussis vaccine are required: 1 dose must have been received on or after the 4 <sup>th</sup> birthday. However, 4 doses meet the requirement if the 4 <sup>th</sup> dose was given on or after the 4 <sup>th</sup> birthday. <b>Students 7 years of age or older:</b> 3 doses of any combination DTP/DTaP/DT/Td vaccine will meet the requirement if one dose was given on or after the 4 <sup>th</sup> birthday. <b>Children who were enrolled in K-12 prior to August 1, 2004</b> are in compliance if the booster dose was given in the calendar month of (or prior to) their 4 <sup>th</sup> birthday. <b>7<sup>th</sup> grade:</b> 1 dose of Tdap is required if at least <b>5 years</b> have passed since the last dose of tetanus-diphtheria-containing vaccine. Td is acceptable if Tdap is contraindicated. <b>8<sup>th</sup>-12<sup>th</sup> grade:</b> 1 dose of Tdap is required when <b>10 years</b> have passed since the last dose of a tetanus-diphtheria-containing vaccine. Td is acceptable if Tdap is contraindicated.
DTaP ▪ DTP ▪ DT ▪ Td		
DTaP ▪ DTP ▪ DT ▪ Td		
DTaP ▪ DTP ▪ DT ▪ Td		
DTaP ▪ DTP ▪ DT ▪ Td		
DTaP ▪ DTP ▪ DT ▪ Td		
Tdap		
Hib		<b>Preschool drop-in Speech (PALS), Peer Models and PPCD</b> A complete Hib series is 2 doses plus a booster dose on or after 12 months of age (3 doses total). If the first dose is received at 12-24 months, only 1 additional dose is required (2 doses total). Any child who receives a single dose on or after 15 months of age is in compliance.
Hib		
Hib		
Hib		
<b>Circle one vaccine:</b>		<b>Preschool drop-in Speech (PALS), Peer Models and PPCD</b> <b>Children 7-11 months:</b> 2 doses. <b>Children 12-23 months:</b> if 3 doses were received prior to 12 months, then 4 doses are required with 4 <sup>th</sup> dose on or after 12 months of age. If 1-2 doses were received prior to 12 months of age, then 3 doses are required with 3 <sup>rd</sup> dose on or after 12 months of age. If zero doses received, then 2 doses are required with both doses on or after 12 months of age. <b>Children 24-59 months:</b> need at least 3 doses with 1 dose on or after 12 months of age, or 2 doses with both doses on or after 12 months of age, or 1 dose on or after 24 months of age. Otherwise, an additional dose is required (4 doses total).
PCV ▪ PCV7 ▪ PCV 13		
PCV ▪ PCV7 ▪ PCV 13		
PCV ▪ PCV7 ▪ PCV 13		
PCV ▪ PCV7 ▪ PCV 13		
<b>Circle one vaccine:</b>		4 doses are required, with one dose on or after the 4 <sup>th</sup> birthday. However, 3 doses meet the requirement if the 3 <sup>rd</sup> dose was received on or after the 4 <sup>th</sup> birthday. If the 4 doses of polio vaccine include both OPV & IPV, a booster at age 4 is not required; however, if the series is comprised of all IPV or all OPV, then a booster dose on or after age 4 is required. Children who were enrolled in school K-12 prior to August 1, 2004 are considered in compliance if the booster dose of polio was given in the calendar month of (or prior to) their 4 <sup>th</sup> birthday.
IPV ▪ OPV		
IPV ▪ OPV		
IPV ▪ OPV		
IPV ▪ OPV		
<b>Circle one vaccine:</b>		<b>K-12<sup>th</sup> grade:</b> 2 doses of MMR are required with 1st dose on or after the 1st birthday. <b>Students vaccinated prior to 2009:</b> 2 doses of measles and 1 dose each of rubella and mumps vaccine with the 1st dose on or after the 1st birthday satisfy this requirement.
MMR ▪ MMR/V		
MMR ▪ MMR/V		
Varicella		2 doses with the 1st dose on or after the 1st birthday <b>OR</b> a written statement by a parent or physician stating the approximate date (month and year) of chickenpox illness.
Varicella		
Chickenpox disease	(MM/YY)	
Meningococcal MCV4		<b>7<sup>th</sup>-12<sup>th</sup> grade:</b> 1 dose of quadrivalent meningococcal vaccine (MCV4) is required on or after the 11 <sup>th</sup> birthday.
Hepatitis A		<b>K-8<sup>th</sup> grade:</b> 2 doses with the 1st dose given on or after the 1st birthday <b>9<sup>th</sup>-12<sup>th</sup> grade:</b> the vaccine is optional
Hepatitis A		



\_\_\_\_\_  
Physician Signature or Stamp (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (printed)