



# CERTIFICATE OF IMMUNIZATION FOR 2018-19

EISD Rev. 2/18

Name: \_\_\_\_\_ Male  Female  Date of Birth: \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_

Vaccine	Date (MM/DD/YY)	Requirements
<b>Circle one vaccine:</b>		5 doses of diphtheria-tetanus-pertussis vaccine are required, one of which must have been received on or after the fourth birthday. However, 4 doses will meet the requirement if at least one dose was received on or after the fourth birthday. <b>For students 7 years of age and older</b> , 3 doses will meet the requirement if one dose was received on or after the fourth birthday. <b>Students enrolled in K-12 prior to August 1, 2004</b> shall be considered in compliance if they received a booster dose in the calendar month of (or prior to) their fourth birthday. <b>7<sup>th</sup> grade:</b> 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. If 5 years have not elapsed by entry into 7 <sup>th</sup> grade, the dose will become due as soon as the five-year interval has elapsed. Td is acceptable if Tdap is medically contraindicated. <b>8<sup>th</sup>-12<sup>th</sup> grade:</b> Students who have not already had Tdap are required to receive 1 dose when 10 years have elapsed since the last dose of tetanus-containing vaccine.
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
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DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
Tdap • Td		
Combination Vaccines: may use codes <sup>1 2 3</sup> <sup>1</sup> Pentacel : DTaP + IPV + Hib <sup>2</sup> Pediarix: DTaP + IPV + Hep B <sup>3</sup> Kinrix: DTaP + IPV		
<b>Circle one vaccine:</b>		<b>K-12<sup>th</sup> Grade:</b> 4 doses are required with the fourth dose received on or after the fourth birthday; or 3 doses if the third dose was received on or after the fourth birthday. <b>Four doses of OPV or IPV in any combination</b> by 4-6 years of age is considered a complete series regardless of the age at the third dose. <b>Students 18 years of age or older:</b> Polio vaccine is not required. <b>Students enrolled in K-12 prior to August 1, 2004</b> shall be considered in compliance if the booster dose was received in the calendar month of (or prior to) the fourth birthday.
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
Hepatitis B		3 doses are required. For students 11-15 years of age, 2 doses will meet the requirement if adult Hepatitis B vaccine (Recombivax®) was received and the dose (10 mcg/1.0 mL) and type of vaccine (Recombivax®) are clearly documented.
Hepatitis B		
Hepatitis B		
Hib		<b>Preschool Speech (PALS), Peer Models and PPCD</b> A complete Hib series is 2 doses plus a booster dose received 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 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, 4 doses are required with fourth 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 third dose on or after 12 months of age. If zero doses were 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, one additional dose is required (4 doses total).
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
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PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
<b>Circle one vaccine:</b>		<b>K-12<sup>th</sup> grade:</b> 2 doses of MMR, with the first dose received on or after the first birthday. <b>Students vaccinated prior to 2009</b> will satisfy this requirement if they received 2 doses of measles and 1 dose each of rubella and mumps on or after the first birthday.
MMR • MMR/V		
MMR • MMR/V		
Varicella		<b>K-12<sup>th</sup> grade:</b> 2 doses, with the first dose received on or after the first birthday <b>or</b> a written statement by a parent or physician stating the approximate month and year (MM/YY) that the student had chickenpox disease.
Varicella		
Chickenpox disease	(MM/YY)	
Hepatitis A		<b>K-9<sup>th</sup> grade:</b> 2 doses, with the first dose received on or after the first birthday <b>10<sup>th</sup>-12<sup>th</sup> grade:</b> the vaccine is optional
Hepatitis A		
Meningococcal MCV4		<b>7<sup>th</sup>-12<sup>th</sup> grade:</b> 1 dose received on or after the eleventh birthday. One dose received on or after the tenth birthday also meets the requirement.



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

\_\_\_\_\_  
Date

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