

LUTHERAN HIGH SCHOOL WESTLAND

New Student Immunization Form

Immunization	Doses
DTP (Diphtheria, Tetanus, Pertussis) <i>4 doses Diphtheria and Tetanus OR 3 doses if the first dose was given after the first birthday. 1 dose of Tdap for children 11 years of age or older.</i>	4
Polio <i>4 doses of polio. Only 3 doses of polio are required if dose 3 is administered on or after the fourth birthday.</i>	4
MMR (Measles, Mumps, & Rubella) <i>2 doses on or after 12 months of age.</i>	2
Hepatitis B <i>3 doses</i>	3
Meningococcal Conjugate (Meningitis) <i>1 dose for all children 11 years of age or older.</i>	1
Varicella (Chickenpox) <i>2 doses of varicella vaccine at or after 12 months of age OR current lab immunity OR reliable history of disease.</i>	1

We must have complete updated records before your child is allowed to enter school.

We cannot wait for records from your child's previous school.

THE FORM BELOW MAY BE USED IF A PRINTED RECORD IS NOT PROVIDED BY YOUR DOCTOR

LIST THE DATE OF THE IMMUNIZATION AND INCLUDE THE PHYSICIAN'S SIGNATURE

	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DTaP/DTP/DT/Td:					
Polio:					
Meningococcal					
MMR:					
Hepatitis B:					
Varicella (chicken pox)					

NOTE: EFFECTIVE JANUARY 1, 2015 PARENTS/GUARDIANS MUST OBTAIN A CERTIFIED NONMEDICAL WAIVER FROM THEIR LOCAL HEALTH DEPARTMENT

Student's name: _____

Parent/Guardian signature _____ Date: _____

Physician signature _____ Date: _____