

# THE DIOCESE OF DALLAS IMMUNIZATION RECORD

(Required)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Grade: \_\_\_\_\_ Room Number: \_\_\_\_\_

This form must be validated by a physician's signature or health clinic stamp. Dates for all immunizations must include month, day, and year. If there is a **Medical Concern** for a particular immunization, there are specific procedures for requesting an official state form and submitting it to the school or for completing a medical exemption. See <http://vaccineinfo.net/exemptions/index.shtml>

**No Conscientious Exemption waivers on the basis of religious beliefs are given in The Diocese of Dallas.**

| IMMUNIZATION  | M/D/Yr | M/D/Yr | M/D/Yr                 |
|---|--------|--------|------------------------|
| <b>DTP, DTaP, DT, Td</b><br>Five doses of any combination of DTaP, DTP unless 4 <sup>th</sup> dose was given on or after 4 <sup>th</sup> birthday.<br><i>Students 7 years or older:</i><br>Three doses of any combination of DTP, DTaP, DT, Td (Pertussis is not required.)<br>One dose of Td required ten years after last dose of DTP, DTaP, DT | #1     | #2     | #3                     |
|   | #4     | #5     |                        |
| <b>Polio (IPV)</b><br>(Four doses unless the 3 <sup>rd</sup> dose was on or after 4 <sup>th</sup> birthday.)  | #1     | #2     | #3                     |
|   | #4     |        |                        |
| <b>Measles, Mumps, Rubella (MMR)</b><br>Two doses of a measles-containing vaccine with the first dose on or after the First birthday; second dose by age 5 or entry into Kindergarten.  | #1     | #2     | #3                     |
|   |        |        |                        |
| <b>Hepatitis B</b><br>Three doses are required for grades K-12  | #1     | #2     | #3                     |
|   |        |        |                        |
| <b>Varicella (Chickenpox)</b><br>One dose on or after 1 <sup>st</sup> birthday or documented case of the disease for grades K-12  | #1     | #2     | <b>Date of Disease</b> |
|   |        |        |                        |
| <b>Hepatitis A</b><br>Two doses on or after 2 <sup>nd</sup> birthday for all pre-school students<br>Two doses on or after 2 <sup>nd</sup> birthday for grades* K-3<br>* Required in high incidence counties (See website.)  | #1     | #2     |                        |
|   |        |        |                        |
| <b>Haemophilus influenzae type b (Hib)</b>  | #1     | #2     | #3                     |
|   | #4     | #5     |                        |
| <b>Pneumococcal Conjugate Vaccine (PCV7)</b><br>All pre-school students to 59 months of age   | #1     | #2     | #3                     |
|   | #4     | #5     |                        |

Physician's Signature/Clinic Stamp: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_