

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.

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
Diphtheria, Tetanus and Pertussis Vaccine Five doses unless the 4 th dose was administered on or after the 4 th birthday Students 7 years or older: Three doses including one dose administered on or after the 4 th birthday *7 th Grade Students: One booster dose required if at least five years have passed since the last dose of tetanus containing vaccine was administered	#1	#2	#3
	#4	#5	Booster
Polio (IPV / OPV) Vaccine Four doses unless the 3 rd dose was administered on or after the 4 th birthday.	#1	#2	#3
	#4		
Measles, Mumps, Rubella (MMR) Vaccine Two doses required with the first dose administered on or after the 1st birthday	#1	#2	#3
Hepatitis B Three doses are required for Pre K-12th Grade	#1	#2	#3
Varicella (Chickenpox) Vaccine One dose administered on or after 1 st birthday or written verification of the disease *Two doses for students in grades K and 7.	#1	#2	Date of Disease
Hepatitis A Vaccine Two doses on or after 1st birthday for all pre-school students *Kindergarten: Two doses on or after 1st birthday	#1	#2	
Haemophilus influenza type b (Hib) Vaccine	#1	#2	#3
	#4	#5	
Pneumococcal Conjugate Vaccine (PCV7) All pre-school students to 59 months of age	#1	#2	#3
	#4	#5	
*Meningococcal Vaccine One dose for all students entering 7 th grade	#1		

***Denotes new requirements for 2009 – 2010 school year**

Physician's Signature/Clinic Stamp: _____

Phone Number: _____ Date: _____