

School Entry Immunization Verification Form

Student Name

Date of Birth

Grade Entering

School Name

Immunization Record

Vaccine	Date(s) Given	Provider/Clinic
DTP/DTaP/DT/Td		
Polio (IPV/OPV)		
MMR		
Hepatitis B		
Varicella		
Other		

Medical Exemption (if applicable)

Parent/Guardian Name

Signature

Date