

# Boarding School Student Immunization Form

## Student Information

Student Full Name

Date of Birth

Grade

Parent/Guardian Name

Contact Number

## Required Immunizations

Vaccine Name	Date 1st Dose	Date 2nd Dose	Date Booster Dose	Notes
Measles, Mumps, Rubella (MMR)				
Diphtheria, Tetanus, Pertussis (DTaP/Tdap)				
Polio (IPV/OPV)				
Hepatitis B				
Varicella (Chickenpox)				
Meningococcal				
Other				

## Medical Exemption or Allergies (if any)

## Physician Information

Physician Name

Physician Phone

Physician Signature

Date