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**PILGRIM LUTHERAN SCHOOL
IMMUNIZATION RECORD**

STUDENT'S NAME _____ **GRADE** _____ **BIRTHDATE** _____

DIPHTHERIA/TETANUS (DTaP- 5 doses with one since 4th birthday & **Tdap** required 7th & 8th graders _____

Dates of Shots: (1) _____ (2) _____ (3) _____ (4) _____ (1B) _____

POLIO – 4 Doses with one since 4th birthday (if child received 3rd dose @ age 4 or older only 3 are required)

Dates of Shots: (1) _____ (2) _____ (3) _____ (1B) _____ (2B) _____

MMR – 1 dose required on or after 1st birthday. Additional dose of measles vaccine required by age 5 (this dose may be received as part of second MMR).

Date of shots or illness: (1) _____ (2) _____ **or** Measles (1B) _____

VISION SCREENING – Required of **all** new students and 4 year olds; K, 1st, 3rd, 5th, & 7th graders

Date of Test/Results (1) _____ / _____ Date of Test/Results (2) _____ / _____
Date of Test/Results (3) _____ / _____ Date of Test/Results (4) _____ / _____
Date of Test/Results (5) _____ / _____ Date of Test/Results (6) _____ / _____

HEARING SCREENING – Required of **all** new students and 4 year olds; K, 1st, 3rd, 5th, & 7th graders

Date of Test/Results (1) _____ / _____ Date of Test/Results (2) _____ / _____
Date of Test/Results (3) _____ / _____ Date of Test/Results (4) _____ / _____
Date of Test/Results (5) _____ / _____ Date of Test/Results (6) _____ / _____

SPINAL SCREENING FOR SCOLIOSIS – 6th graders – Date of Test _____ Result _____

HIB – Required of all 4 years old and younger: Dates of Shots: _____

HEPATITIS B – (1) _____ (2) _____ (3) _____ **HEPATITIS A** (1) _____ (2) _____
All Toddler – 1st gr. required (2nd - 8th grade required years following)

PCV (1) _____ (2) _____ (3) _____ (4) _____ **MCV4** _____
(Pneumococcal Conjugate- Children younger than 5 years only) (Meningococcal Conjugate Vaccine: 7th & 8th gr. required)

VARICELLA (CHICKENPOX) Date of Vaccine (1) _____ (2) _____ or Date of illness _____

Special Care: (Allergies,diet,etc.) _____

_____ has been examined by me and is physically able to participate in a regular program of school activities.

Physician's Signature _____ Date _____

The above record for my child is current and accurate to the best of my knowledge.

Parent's Signature _____ Date _____ Parent's Signature _____ Date _____

