

**CROTON-HARMON SCHOOLS
CERTIFICATE OF IMMUNIZATION**

Student Name

Date of Birth

Diphtheria/Pertussis/Tetanus: Initial Dates:

1. _____
2. _____
3. _____

Booster Dates:

1. _____
2. _____
3. _____

Tdap _____

Poliomyelitis

Initial Dates:

Booster Dates:

Type

1. _____

1. _____

Salk _____

2. _____

2. _____

OPV _____

3. _____

3. _____

Measles (live) administered on or after 1st birthday _____ 2nd dose _____

Mumps “ “ “ “ ” _____ type _____

Rubella “ “ “ “ “ _____

Hepatitis A Vaccine

1. _____

2. _____

Hepatitis B Vaccine

1. _____

2. _____

3. _____

H.I.B. _____

Varicella (Chicken Pox) _____

(vaccine or disease)

This student has had the following diseases, precluding immunization: (dates)

Measles _____ Mumps _____ Rubella _____

This child has the following health conditions(s) which prevent him/her from receiving the following vaccination(s): _____

The following required immunizations are in the process of being completed:

Polio _____

Diphtheria _____

Hepatitis B _____

MMR _____

Physician's Signature and Stamp: _____

Date: _____

05/14/07