

# BERING DRIVE CHRISTIAN SCHOOL

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## IMMUNIZATION RECORD

Name of Child:

DOB:

	Dose 1	Dose 2	Dose 3	Booster	Booster
Hepatitis B					
(DPT) Diphtheria, Tetanus, Pertussis					
(HIB) Haemophilus influenza type b				15 months	
(PCV) Prevnar Pneumococcal					
(IPV) Inactivated Poliovirus					
(MMR) Measles, Mumps, Rubella					
Varicella					
Hepatitis A					
Rotavirus					
Pneumococcal					
Influenza					
Meningococcal					
TB Test (recommended)	Results:    ___ Positive ___ Negative		Date		

Signature or stamp of a physician health personnel verifying immunization above:

Date:

Varicella vaccine is not required if your child has had chickenpox. If your child has had chicken pox, please complete the statement:

My child had varicella disease (chickenpox) on or about: (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent or Legal Guardian Signature:

Date:

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Parent or Legal Guardian Signature:

Date: