



ST. THOMAS MORE ACADEMY

IMMUNIZATION RECORD

Student Name: _____ Date: _____

Current Grade: _____ Date of Birth: _____

Immunization History: (Please give MONTH and YEAR for each)

DPT/PT 1 ___/___ 2 ___/___ 3 ___/___ 4 ___/___ 5 ___/___ 6 ___/___

MEASLES 1 ___/___ (After 1st Birthday) 2 ___/___ (After 12th Birthday)

MUMPS 1 ___/___

RUBELLA 1 ___/___

TB 1 ___/___ (Circle + or -) 2 ___/___ (Circle + or -)

HEPATITIS B 1 ___/___ 2 ___/___ 3 ___/___

VARICELLA (Chicken Pox) 1 ___/___

OTHER: _____

Date of last physical: _____ (Should be within last 5 years)

Please list any medications the student takes on a regular basis: _____

Are there any physical or emotional problems that may limit full school activity? _____

If so, please explain: _____

Allergies: _____

Additional Comments: _____

Parent's Signature

Date