



# 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