

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence (month) (date) (year) for all vaccinations.

All Students, Grades K - 12th:

- ✓ 3 doses of DTP, Dtap, DT with one on or after **4th birthday**.
- ✓ 1 dose Tdap **7th grade** – **one dose required if at least 5 yrs have passed since last dose of tetanus containing vaccine.**
- ✓ 1 dose Tdap **8th -12th grade** – **one dose required when 10yrs have passed since last dose of tetanus containing vaccine.**
 - Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.
- ✓ 4 doses of Polio with one on or after **4th birthday**. OR 3 doses if one dose is on or after **4th birthday**.
- ✓ 2 doses of MMR after 1st birthday.
- ✓ 3 doses of Hepatitis B.
- ✓ 2 doses of Varicella on or after 1st birthday (if the child has not had the chickenpox disease).
 - (For the chickenpox disease we accept either the parent's statement of month and year or a doctor's proof of confirmation.)
- ✓ 1 dose of Meningitis (MCV4) Grades 7th - 12th **This is not required for K – 6th graders**
- ✓ 2 doses of **Hepatitis A ... K - 9th grade only**

Student Name: _____ DOB: _____

Record of Immunizations	1 ST	2 ND	3 RD	4 TH	5 TH
Polio	/ /	/ /	/ /	/ /	/ /
DTP, Dtap, DT/TD (Diphtheria/Tetanus/Pertussis)	/ /	/ /	/ /	/ /	/ /
Tdap (Tetanus, diphtheria & Pertussis)	/ /	/ /	/ /		
Hepatitis B	/ /	/ /	/ /		
Hepatitis A	/ /	/ /			
MMR	/ /	/ /			
Chickenpox (varicella)	/ /	/ /			
Chickenpox Disease	Month: _____		Year: _____		
Meningitis (MCV4)	/ /				

Physician Signature: _____ Date: _____

The minimum requirement upon arrival for NEW International Students is completion of the first Series of all Vaccines listed above and a Tuberculosis screening.

TUBERCULIN TESTS: Skin Test (Required) Date given: _____ Date Read: _____ mm: _____

Chest X-ray (required if Skin Test is 10mm or greater): Date: _____ Results: _____

Physician Signature: _____ Date: _____

After arriving at the Academy, if the skin test is 10 mm or greater, the student is required to have a Quanti Feron Blood Test preformed at our local clinical laboratory.

The cost of this test or any administration of required vaccines needed will be billed to the student's account if not covered