

IMMUNIZATION CHECKLIST

2009 – 2010

9th through 12 Grade

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ ID #  
\_\_\_\_\_

Diphtheria, Tetanus, and Pertussis:  
(DTP, DTaP, DT, Td)

Dose 1

Dose 2

Dose 3

Dose 4

Dose 5

Dose 6

Three dose minimum with one after the 4th  
birthday and \*one within 10 years

\*

Polio: (OPV, IPV)

Four doses OR

3 doses if 3rd dose after age 4

Measles, Mumps, and Rubella: (MMR)

Two doses after 1st birthday  
(One dose may be measles only)

Hepatitis B: (HBV)

Three doses

Varicella: (Chicken Pox)

\*\* Documentation of disease , see below

OR

One dose after 1st birthday

\* If 1st dose received at age 13 two doses required

\*

Students enrolling from foreign country  
MUST have TB test within last 3 months  
prior to enrolling.

IMMUNIZATION CHECKLIST9th\_12thgradeY09.txt  
YOUR PHYSICIAN OR HEALTH DEPARTMENT TO HAVE IMMUNIZATIONS COMPLETED.

I understand that immunization records will be verified by school nurse and that my child's enrollment is conditional upon compliance with the Texas' Immunization Laws.

\_\_\_\_\_  
Signature of Parent or Guardian Date

Initials of LISD employee verifying dates \_\_\_\_\_

\*\*\*\*\*

Statement Verifying Chicken Pox Disease

This is to verify that \_\_\_\_\_ had the chicken pox disease on or about

\_\_\_\_\_.

Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_