Our Lady of the Lake School

IMMUNIZATIONS

Name of Child_____ DOB _____ Sex: Male ___ Female___
Last First MI mo/day/yr

Parent/Guardian

Name:	Telephone#
Address:	Name of Doctor:
	Dr. Tel#

Vaccine Type	DISEASE mo/day/yr	1st Dose mo/day/yr	2™ Dose mo/day/yr	3ra Dose mo/day/yr	4in Dose mo/day/yr	5in Dose mo/day/yr	mo/day/yr
DIPTHERIA, TETANUS PERTUSIS (DTP)							
POLIO-ORAL POLIO VACCINE (OPV)							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES					Measles Serology	Date:	Titer:
RUBELLA					Rubella Serology	Date:	Titer:
MUMPS					Mumps Serology	Date:	Titer:
HAEMOPHILUS B (HIB)							
HEPATITIS B							
VARICELLA							
PNEUMOCOCCAL (PCV)							
MENINGOCOCCAL VACCINE							
INFLUENZA VACCINE							

☐ Provisional Admission Attached – Date Granted: _____ ☐ Medical Exemption Attached

_____ M.D.

Address: _____

Phone: _____

Date: _____

Rev. 6/2009