

Live Your Dream - Study Abroad!

Immunization Record for School Admittance						
Student Name:						
Birthdate:				Gender:	□ Male □ F	emale
IMMUNIZATION REQUIREMENTS – Form to be completed by a doctor Students are required to have written proof on file at their school that they have the following immunizations. Failure to do so may be cause for exclusion from school programs.						
MINIMUM IMMUNIZATION REQUIREMENTS: Five doses of DPT, DT (Pediatric), TD (Adult) vaccine or a combination of thereof. Four doses of trivalent oral polio vaccine (TOPV) or Adult polio (IVP). Two doses measles vaccine. Three doses of Hepatitis B. Two doses mumps vaccine. Two doses of rubella vaccine. One doses of Varicella (two doses required if first dose issued after thirteenth birthday). One dose of MCV4 (Meningitis vaccination) if given after the sixteenth birthday; two doses if first dose is given before sixteenth birthday. Two Doses of Hepatitis A. Annual Influenza vaccination are often given in Oct. or Nov. at the school clinic. If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.						
DPT	1.	2.	3.	4.	5.	Booster if required Date
OVP/IVP	Date of Disease	Date 1. Date	2	3	Date 4. Date	Booster if required Date
Measles	Date of Disease	1. Date	2. Date	Booster if required Date		
Mumps	Date of Disease	1. Date	2	Booster if required Date		
Rubella	Date of Disease	1. ————————————————————————————————————	2. Date	Booster if required Date		
Hepatitis B	Date of Disease	1. Date	2. Date	3. Date		
Varicella (Chickenpox)	Date of Disease	1. Date				
	1.	2.				

DOCTOR SIGNATURE

Hepatitis A

Meningococcal Vaccine

student's departure from the home country.

Date

Date

Date 2.

Date