

(Name of Institution)
CERTIFICATE OF IMMUNIZATION

Name:	Date of Birth:	
Address:		
City, State, ZIP	Country	Student ID:

IMMUNIZATION RECORD

VACCINE (circle applicable vaccine where choice is given) & DATE GIVEN (from medical or school immunization records)			
Measles, Mumps, Rubella (MMR)	Dose #1	Dose #2	
Human papillomavirus (HPV)	Dose #1	Dose #2	Dose #3
Meningococcal:			
Conjugate (MCV, Menactra®)	Polysaccharide (MPSV, Menomune®)		
Dose	Dose		
Hepatitis B	Dose #1	Dose #2	Dose #3
Diphtheria-Tetanus-Pertussis: DTP DTaP DT	Diphtheria-Tetanus-Pertussis: DTP DTaP DT	Diphtheria-Tetanus-Pertussis: DTP DTaP DT	Diphtheria-Tetanus-Pertussis: DTP DTaP DT
Dose #1	Dose #2	Dose #3	Dose #4
Tetanus-Diphtheria-Pertussis: Tdap Td	Tetanus-Diphtheria-Pertussis: Tdap Td	Tetanus-Diphtheria-Pertussis: Tdap Td	Tetanus-Diphtheria-Pertussis: Tdap Td
Dose #	Dose #	Dose #	Dose #
Varicella (Chickenpox)	Dose #1	Dose #2	
Zoster (Shingles)	Dose		
Hepatitis A	Dose #1	Dose #2	Twinrix™ only Dose #3
Polio: OPV IPV	Polio: OPV IPV	Polio: OPV IPV	
Dose #1	Dose #2	Dose #3	
Other	Dose(s)	Other	Dose(s)
Other	Dose(s)	Other	Dose(s)
Influenza (yearly) is recommended for persons with medical conditions that put them at high risk for disease, for contacts of high-risk persons, for travelers, and for all adults 50 years of age or older. Find basic facts about the flu at: http://www.cdc.gov/flu/keyfacts.htm For ACIP's complete influenza recommendations: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm			

To the best of my knowledge, the person named above has received the above immunizations.
Signed (physician, nurse, or school health authority):
Title: Date:

STATEMENT OF EXEMPTION TO IMMUNIZATION REQUIREMENTS

In the event of an outbreak, exempted persons may be subject to exclusion from school and quarantine.

MEDICAL EXEMPTION: The physical condition of the above-named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.		
Signed (physician):	Date:	Vaccine(s):