Student Immunization History Form

Instructions: Please complete all sections. This form is designed for printable manual record-keeping.

Student Information

Student Full Name:		Date of Birth (MM/DD/YYYY):	
Student ID:		Grade Level:	
School Name:		Gender:	

Immunization Record

Please enter the date (MM/DD/YYYY) for each vaccine dose administered.

Vaccine Type	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5 / Booster Date
DTaP / DTP / DT / Td					
Polio (IPV / OPV)					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Varicella (Chickenpox)					
Meningococcal					

Healthcare Provider Verification

Provider Name / Clinic:	
Provider Signature:	
Verification Date:	