

Kindergarten – Grade 12 Immunization Record

(optional use – not an official record)



Name: _____
 _____ Last _____ First _____ M.I. _____ Suffix _____

Address: _____
 _____ Street _____ City _____ State _____ Zip Code _____

Date of Birth: ____/____/____ **Student ID #:** _____ **Date of Enrollment:** ____/____/____
 Month Year

Immunizations: enter month, day and year given or attach copy of shot record and place a check mark (✓) in the box for doses given.

Vaccine Requirement	Dose Number					Exemptions ✓ to specify type ✓ when exemption form is completed
Kindergarten Entry:						
DTaP 5 doses	1	2	3	4	5	<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
IPV / OPV (polio) 4 doses	1	2	3	4		<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Hepatitis B 3 doses	1	2	3			<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
MMR 2 doses	1	2				<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Varicella 2 doses	1	2	History of Disease Form Completed _____			<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
7th Grade Entry requires all of the above plus:						
Tdap 1 dose	1					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed
Meningococcal Required only if living in a dorm	1					<input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophic <input type="checkbox"/> Form Completed

The Vermont Department of Health
Immunization Program

802-863-7638
1-800-640-4374
healthvermont.gov