

Ann & Nate Levine Academy

K8 Immunization Form 2019-2020

TO BE COMPLETED BY PHYSICIAN & RETURNED BY AUGUST 12, 2019

ALL STUDENTS: Doctor must complete all immunization dates.

Student Name: _____

Date of Birth: _____

| | | |
|---------------|--|--|
| DTaP | Dates of Doses 1. _____ 2. _____ 3. _____ 4. _____ | Boosters _____ _____ _____ _____ |
| POLIO | Dates of Doses 1. _____ 2. _____ 3. _____ | Boosters _____ _____ _____ |
| MMR | Dates of Doses 1. _____ 2. _____ | Boosters _____ _____ |
| HEP B Series | Dates of Doses 1. _____ 2. _____ 3. _____ | Boosters _____ _____ _____ |
| Varicella | Dates of Doses 1. _____ 2. _____ 3. _____ | Boosters _____ _____ _____ |
| HEP A Series | Dates of Doses 1. _____ 2. _____ | Boosters _____ _____ |
| Meningococcal | Dates of Doses 1. _____ | Boosters _____ _____ |
| Pneumococcal | Dates of Doses 1. _____ | Boosters _____ _____ |

Signature of Physician

PRINT Physician's Name

Date

Physician Office Address

Physician Office Telephone Number

Email form to forms@levineacademy.org or fax to Courtney Hensel at 972-248-0695.



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