



CERTIFICATE OF IMMUNIZATION FOR 2019-2020

EISD Rev. 1/19

Name: _____

Male Female

Date of Birth: _____

Grade (2019-2020): _____

Vaccine	Date (MM/DD/YY)	Requirements
Circle one vaccine:		5 doses of diphtheria-tetanus-pertussis vaccine are required, one of which must have been received on or after the fourth birthday. However, 4 doses will meet the requirement if at least one dose was received on or after the fourth birthday. For students 7 years of age and older , 3 doses will meet the requirement if one dose was received on or after the fourth birthday. Students enrolled in K-12 prior to August 1, 2004 shall be considered in compliance if they received a booster dose in the calendar month of (or prior to) their fourth birthday. 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. If 5 years have not elapsed by entry into 7 th grade, the dose will become due as soon as the five-year interval has elapsed. Td is acceptable if Tdap is medically contraindicated. 8th-12th grade: Students who have not already received Tdap are required to receive 1 dose when 10 years have elapsed since the last dose of tetanus-containing vaccine.
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
Tdap • Td		
Combination Vaccines: may use codes ^{1 2 3}		
¹ Pentacel : DTaP + IPV + Hib		
² Pediarix: DTaP + IPV + Hep B		
³ Kinrix: DTaP + IPV		
Circle one vaccine:		K-12th Grade: 4 doses are required with the fourth dose received on or after the fourth birthday; or 3 doses if the third dose was received on or after the fourth birthday. Four doses of OPV and IPV in any combination by 4-6 years of age is considered a complete series regardless of the age at the third dose. Students 18 years of age or older: Polio vaccine is not required. Students enrolled in K-12 prior to August 1, 2004 shall be considered in compliance if the booster dose was received in the calendar month of (or prior to) the fourth birthday.
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
Hepatitis B		3 doses are required. In some circumstances, the US FDA may officially approve in writing the use of an alternative dosage schedule for this vaccine. Such an alternative regimen may be used only when they are fully documented with the vaccine manufacturer and dosage received for each dose of that vaccine.
Hepatitis B		
Hepatitis B		
Hib		Preschool Speech (PALS), Peer Models and PPCD A complete Hib series is 2 doses plus a booster dose received on or after 12 months of age (3 doses total). If the first dose is received at 12-24 months, only 1 additional dose is required (2 doses total). Any child who receives a single dose on or after 15 months of age is in compliance.
Hib		
Hib		
Hib		
Circle one vaccine:		Preschool Speech (PALS), Peer Models and PPCD Children 7-11 months: 2 doses. Children 12-23 months: If 3 doses were received prior to 12 months, 4 doses are required with fourth dose on or after 12 months of age. If 1-2 doses were received prior to 12 months of age, then 3 doses are required with third dose on or after 12 months of age. If zero doses were received, then 2 doses are required with both doses on or after 12 months of age. Children 24-59 months need at least 3 doses with 1 dose on or after 12 months of age, or 2 doses with both doses on or after 12 months of age, or 1 dose on or after 24 months of age. Otherwise, one additional dose is required (4 doses total).
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
Circle one vaccine:		K-12th grade: 2 doses of MMR, with the first dose received on or after the first birthday. Students vaccinated prior to 2009 will satisfy this requirement if they received 2 doses of measles and 1 dose each of rubella and mumps on or after the first birthday.
MMR • MMR/V		
MMR • MMR/V		
Varicella		K-12th grade: 2 doses, with the first dose received on or after the first birthday or a written statement by a parent or physician stating the approximate month and year (MM/YY) that the student had chickenpox disease.
Varicella		
Chickenpox disease	(MM/YY)	
Hepatitis A		K-10th grade: 2 doses, with the first dose received on or after the first birthday 11th-12th grade: the vaccine is optional
Hepatitis A		
Meningococcal MCV4		7th-12th grade: 1 dose received on or after the student's eleventh birthday. One dose received on or after the tenth birthday also meets the requirement.



Physician Signature or Stamp (required)

Date

Physician Name (printed)