

# Ann & Nate Levine Academy

## K8 Immunization Form 2020-2021

*TO BE COMPLETED BY PHYSICIAN & RETURNED BY JULY 15, 2020*

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](mailto:forms@levineacademy.org) or fax to Courtney Hensel at 972-248-0695.



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