

Ann & Nate Levine Academy

Early Childhood 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 Infancy Doses

1. _____
2. _____
3. _____
4. _____

Boosters

POLIO

Dates of Infancy Doses

1. _____
2. _____
3. _____

Boosters

HEP B Series

Dates of Infancy Doses

1. _____
2. _____
3. _____

Boosters

Hib

Dates of Infancy Doses

1. _____
2. _____
3. _____

Boosters

PCV

Dates of Infancy Doses

1. _____
2. _____
3. _____
4. _____

Boosters

(MMR) MEASLES-RED/
MUMPS/RUBELLA

Date _____

VARICELLA

Date _____

HEP A SERIES

Date _____

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.



18011 Hillcrest Road
Dallas, Texas 75252
(972) 248-3032 phone
(972) 248-0695 fax