



STUDENT HEALTH FORMS

Suffield Academy Health Center 185 North Main Street Suffield, Connecticut 06078
Phone: 860-386-4503 | Fax: 860-386-4544 | healthcenter@suffieldacademy.org

STUDENT INFORMATION

FIRST NAME

LAST NAME

DOB

IMMUNIZATION HISTORY [NEW STUDENTS]

Connecticut State Law requires the following [Suffield Academy follows these requirements]:

Tdap/Td One dose for students who have completed their primary DTaP series. Students who start the series at age seven or older only need a total of three doses of tetanus-diphtheria containing vaccine, one of which must be Tdap.

Polio At least three doses; the last dose must be given on or after fourth birthday.

MMR Two doses separated by at least 28 days; first dose on or after first birthday.

Hepatitis A Three doses given six calendar months apart; first dose close to or after 1st birthday if born after 1/1/07.

Hepatitis B Three doses; the last dose on or after 24 weeks of age.

Varicella [chickenpox] Two doses separated by at least three months; first dose on or after first birthday; or verification of disease.

Meningococcal Conjugate One dose.

Immunization History: please list all dates; boxes with an * are required and must include a month/day/year date

	1	2	3	4	5	6
DTaP/Td	*	*	*			
Tdap	*					
TOPV/IPV [three doses; one dose after age 4]	*	*	*			
M.M.R	*	*				
Hepatitis B	*	*	*			
HIB						
Varicella [chickenpox]	*	*	Date of Disease:			
Meningitis Conjugate	*					
Meningitis B						
Hepatitis A						
Gardasil [HPV]						
Influenza						
COVID-19						

Physician's Signature [required]

DATE