



IMMUNIZATION RECORD GRADES 7-12

School Year: _____

All students new to St. Andrews Schools must provide a record of childhood immunizations. Physicians: You may either print a copy of the child's immunization record or complete and sign this form.

Student Name:				Birth Date:		
DTP, DTaP, DT or Td		Polio: OPV or IPV		MMR	Hepatitis B	Hepatitis A
Type	Date	Type	Date	Date	Date	Date
1		1		1	1	1
2		2		2	2	2
3		3			3	
4		4				
5						
Varicella			Meningitis	HPV	Other	
Date			Date	Date	Type	Date
1	2		1	1		
Immunity secondary to illness: date of illness _____				2	2	
Practitioner's Signature _____					3	

Immunization Requirements

The following requirements are in compliance with Hawaii State Law. Documentation of immunity by serologic testing signed by practitioner is acceptable. Age, spacing of immunizations, exemptions and exceptions to these requirements will be evaluated as per the rules set forth in the Hawaii Administrative Rules, Title 11, Chapter 157.

Childcare or Preschool	Kindergarten - Grade 12	Grade 7
Diphtheria-Tetanus-Pertussis (DTaP)	Diphtheria-Tetanus-Pertussis (DTaP)	Human Papillomavirus (HPV)
<i>Haemophilus influenzae</i> type b (Hib)	Hepatitis A (Hep A)	Meningococcal Conjugate (MCV)
Hepatitis A (Hep A)	Hepatitis B (Hep B)	Tetanus-diphtheria-pertussis (Tdap)
Hepatitis B (Hep B)	Human Papillomavirus (HPV)*	
Measles-Mumps-Rubella (MMR)	Meningococcal Conjugate (MCV)*	
Pneumococcal Conjugate Vaccine (PCV)	Measles-Mumps-Rubella (MMR)	
Polio (IPV)	Polio (IPV)	
Varicella (chickenpox)	Tetanus-diphtheria-pertussis (Tdap)*	
	Varicella (chickenpox)	
*All students must show evidence of receiving these immunizations prior to attendance in 7 th grade or higher.		

Physician: I hereby certify that the above information has been reviewed and is accurate to the best of my knowledge.

Signature of U.S. Licensed Practitioner (MD, DO, PA, APRN)

DATE

PRINT/STAMP AND PHONE NUMBER