



CHAMINADE HIGH SCHOOL

OFFICE OF THE PRINCIPAL

CERTIFICATE OF IMMUNIZATION

Student: _____ D.O.B _____ Grade _____

Address: _____

Immunizations (please fill in with complete dates for each vaccine given, attach record of immunization or serological evidence of immunity. Serological evidence is only acceptable for Measles, Mumps, Rubella and Varicella) Form must be signed or stamped and dated.

DTaP/DTP _____, _____, _____, _____, _____

Requires at least three doses for school attendance

Tdap _____

Requires one dose for school attendance

IPV _____, _____, _____, _____, _____

Requires four doses for school attendance or 3 if 3rd dose received at 4 years or older

MMR _____, _____

Requires two doses for school attendance

Hepatitis B _____, _____, _____, _____

Requires three doses for school attendance

Varicella _____, _____

Requires two doses for school attendance

Meningococcal (MenACWY) _____, _____

Requires one dose for incoming Freshmen and 2 doses with dose 2 given at or after 16 for Seniors

Other Vaccines:

HIB _____, _____, _____, _____, _____

Hepatitis A _____, _____

Meningococcal B _____, _____

HPV _____, _____, _____, _____

Influenza _____, _____, _____, _____

Other (please indicate) _____, _____, _____, _____

Covid-19 _____, _____, _____

MD signature: _____

Date: _____