

INSTRUCTIONS: APPLIES TO ALL NEW STUDENTS, KINDERGARTEN, GRADE 7 AND GRADE 12 STUDENTS.

Please provide health room with a copy of students most recent immunization records OR have your doctor's office complete below form.

STUDENT

First: _____
 Last: _____
 DOB: _____ Grade: _____

PARENT

Father's Name: _____
 Father Cell: _____
 Mother's Name: _____
 Mother Cell: _____

VACCINE-SPECIFIC REQUIREMENTS

North Carolina General Statutes (G.S. 130-A-152(a)) require immunizations for every child attending public, private or religious school present in this state to be signed by a Physician or Health Officer. This certificate MUST be completed on file within 30 calendar days of the child's first school day after which the child CANNOT attend school.

STATE LAW CURRENTLY REQUIRES THE FOLLOWING MINIMUM DOSES:

VACCINE	# OF DOSES REQUIRED
Diphtheria, tetanus and pertussis	5 doses
Polio	4 doses
Pneumococcal	4 doses
Measles	2 doses
Mumps	2 doses
Rubella	1 dose

VACCINE	# OF DOSES REQUIRED
Haemophilus Influenzae Type B	4 doses
Hepatitis B	3 doses
Varicella	2 doses
Meningococcal/MCV (Grade 7 & 12)	2 doses
Tdap Booster (Grade 7)	1 dose

VACCINE	#1	#2	#3	#4	#5
DTP/DTaP/DT					
Polio/OPV					
Pneumococcal					
MMR					
Measles					
Mumps					
Rubella					
HIB					
Hep B					
Varicella					
MCV					
Tdap (Booster)					

PHYSICIAN SIGNATURE: _____ DATE: _____
 (required)
 PHYSICIAN NAME PRINTED: _____ PHONE: _____
 NAME OF CLINIC/PRACTICE: _____ PHONE: _____