

Cannon School Summary of Immunizations

Full Name: _____ **Grade** _____

Date of Birth: _____

Please either complete the form by filling in the dates of your student's immunizations, or attach their immunization record given by their provider.

North Carolina law requires that all students submit a current record of immunizations within 30 days of their first day of school. Students who do not submit the required documentation, will not be allowed to attend school or any school related activities including sports.

Vaccine # Required Date of Administration (Month/Day/Year):

DTP/DTAP (Diphtheria/Tetanus/Pertussis)	5 doses					
Tdap- Due at 12 years old or 7th grade	1 dose at 12 years old or before entering the 7th grade.					
Polio	4 doses					
MMR Measles/Mumps/ Rubella	2 doses					
Hib (Haemophilus Influenzae b)						
Hepatitis B	3 doses					
Varicella	2 doses					
Meningococcal Conjugate	1 dose at 7th grade or 12 years old	and a second dose at 12th grade or 17 years old				
Pneumococcal Conjugate						
Covid-19-List which vaccine and date(s) *Not required*						

I certify that the above named child received the listed vaccinations on the dates listed

Physician's Signature

Physician's Phone Number

Date