SAIGON SOUTH INTERNATIONAL SCHOOL

IMMUNIZATION HISTORY

Please fill out the form and have it signed/stamped by medical provider. If unable to have verified by a provider please contact your school divisional nurse

New Students: Full vaccination records are required

Returning Students: Only submit proof of vaccination updates

Student's Name: _____ / _____ / _____

Family Name / Given Name / Middle Name (s)

D.O.B: _____ / _____ / _____

Month / Day / Year

Required Vaccines	**Date of immunization (mm / dd / yy)**				
	1st	**2nd**	**3rd**	**4th**	**5th**
Polio (OPV / IPV)					
Diphtheria, Tetanus, Pertussis (DTP / DTaP)					
Tetanus, diphtheria (Td)Tetanus, Diphtheria, Pertussis (Tdap)					
Measles, Mumps, Rubella (MMR)					
Varicella					
Highly Recommended Vaccinations					
Human Papilomavirus Vaccine (HPV)					
Covid 19					
Annual Influenza vaccine					
Rabies vaccine					
Haemophilus Influenza Type B (Hib)					
Hepatitis A					
Hepatitis B					
Typhoid					
Japanese Encephalitis					
Meningococcal Type:					
Pneumococcal Type:					

Doctors Name: _____ / _____ / _____

Date / Signature/Stamp

Tuberculosis screening (For students from high incident regions): Please provide documentation for one of the following:

Screening Type	**Completion Date**		**Result**
Tuberculosis Skin Test (TST)	(mm/dd/yy)		
Chest Xray if TST positive	(mm/dd/yy)		
BCG vaccine	(mm/dd/yy)		