

**HEWLETT-WOODMERE PUBLIC SCHOOLS
IMMUNIZATION CERTIFICATE**

Name _____ Date of Birth _____
Last First

Hepatitis B (HBV): _____
Date Date Date

Diphtheria: _____
DPT, DT, Td, or DtaP Date Date Date Date Date Date

Tdap: _____
Date

Haemophilus Influenza Before 15 months After 15 months
Type B vaccine (Hib): _____ or _____
Date Date Date Date

Polio: _____
TOPV/EIPV Date Date Date Date Date Date

MMR: _____ Varicella (Chicken Pox): _____
Date Date Date Date

Hepatitis A (HAV): _____ Meningococcal (MCV4) _____
Date Date Date Date

Influenza: _____
(Type) Date Date Date Date Date

Pneumococcal: _____
(Type) Date Date Date Date

Gardasil (HPV): _____
Date Date Date

T.B. Test: _____ Lead Screening: _____
Date Date

Physician's Signature

Address