

BEWLETT-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 Type B vaccine (Hib): _____
Before 15 months or After 15 months
Date Date Date Date

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

MMR: _____
Date Date

Varicella (Chicken Pox): _____
Date Date

Hepatitis A (HAV): _____
Date Date

Meningococcal: _____
(Type) Date

Influenza: _____
(Type) Date Date Date Date Date

Pneumococcal: _____
(Type) Date Date Date Date

Gardasil (HPV): _____
Date Date Date

T.B. Test: _____
Date

Lead Screening: _____
Date

Physician's Signature _____

Address _____