

**Chappaqua Central School District
Chappaqua, New York 10514**

CERTIFICATION OF IMMUNIZATION

Name _____ DOB _____

IMMUNIZATIONS

DATES
(Give dates of all doses)

DIPHTHERIA, TETANUS, PERTUSSIS Any combination of DtaP/ DPT/Tdap At least 4 doses (most recent at age 4 or older)				
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Tdap Booster 11 years of age and entering 6 th grade	
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POLIO Any combination of IPV/OPV At least 3 doses (most recent at age 4 or older)				
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MEASLES, MUMPS, RUBELLA Two doses of MMR 1 st dose after first birthday 2 nd dose at least 28 days after first dose, preferably at 4-6 years		
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HEPATITIS B 3 doses		
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VARIVAX Two doses (1st dose after first birthday)		
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MENINGOCOCCAL CONJUGATE VACCINE 1 st dose prior to 7 th grade entrance 2 nd dose prior to 12 th grade entrance (2 nd dose not required if 1 st dose given on or after 16 th birthday)		
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PHYSICIAN'S
SIGNATURE and STAMP: _____

DATE: _____