



# CERTIFICATE OF IMMUNIZATION FOR 2025-2026

EISD Rev. 1/25

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade (2025-26): \_\_\_\_\_

Vaccine	Date MM/DD/YY	Requirements and Exceptions
Circle the type of vaccine:		<p>For vaccines where it is stated that a dose must be received on or after a certain birthday, a vaccine administered up to four days prior to the birthday is considered in compliance.</p> <p><b>Grades KG-6:</b> 5 doses of diphtheria-tetanus-pertussis vaccine are required, one of which must have been received on or after the fourth birthday. However, 4 doses will meet the requirement if at least 1 dose was received on or after the fourth birthday.</p> <p><b>For students 7 years of age and older,</b> 3 doses of any tetanus/diphtheria-containing vaccine will meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p><b>Students enrolled in Grade KG-12 prior to August 1, 2004</b> are considered in compliance if they received a booster dose of DTaP in the calendar month of (or prior to) their 4th birthday.</p> <p><b>Grade 7:</b> 1 dose of a tetanus/diphtheria/pertussis-containing vaccine is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. If 5 years have not elapsed by entry into 7<sup>th</sup> grade, the dose will become due as soon as the 5-year interval has elapsed. Td vaccine is acceptable if Tdap is medically contraindicated.</p> <p><b>Grades 8-12:</b> Students who have not already received Tdap are required to receive 1 dose when 10 years have elapsed since the last tetanus/diphtheria-containing vaccine.</p>
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
DTaP • DTP • DT • Td		
Tdap • Td		
Combination Vaccines: Pentacel: DTaP + IPV + Hib Pediarix: DTaP + IPV + Hep B Kinrix: DTaP + IPV		
Circle the type of vaccine:		
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
IPV • OPV		
Hepatitis B		<p><b>3 doses are required.</b> A laboratory report confirming serologic immunity is acceptable.</p> <p>In some circumstances, the USFDA may officially approve in writing the use of an alternative dosage schedule that is acceptable only when the regimen is fully documented with the vaccine manufacturer and the dose received for each vaccine.</p>
Hepatitis B		
Hepatitis B		
Hib		<p><b>Requirements for children enrolled in preschool programs:</b></p> <p>A complete Hib series is 2 doses plus a booster dose on or after 12 months of age (3 doses total). If the first dose is received at 12-24 months of age, then only 1 additional dose is required (2 doses total). A child who receives a single dose on or after 15-59 months of age is in compliance. Children 60 months and older are not required to receive the vaccine.</p>
Hib		
Hib		
Hib		
Circle the type of vaccine:		<p><b>Requirements for children enrolled in preschool programs:</b></p> <p><b>Children 7-11 months:</b> 2 doses are required. <b>Children 12-23 months:</b> If 3 doses were received prior to 12 months, 4 doses are required with the fourth dose on or after 12 months of age. If 1-2 doses were received prior to 12 months of age, 3 doses are required with at least one dose on or after 12 months of age. If zero doses have been received, 2 doses are required with both doses on or after 12 months of age. <b>Children 24-59 months</b> need at least 3 doses with 1 dose on or after 12 months of age, or 2 doses with both doses on or after 12 months of age, or 1 dose on or after 24 months of age. Otherwise, 1 additional dose is required (4 total). Children 60 months and older are not required to receive the vaccine.</p>
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
PCV • PCV7 • PCV 13		
Circle the type of vaccine:		<p><b>Grades KG-12:</b> 2 doses of MMR are required, with the first dose received on or after the first birthday. A laboratory report confirming serologic immunity is acceptable.</p> <p>Students vaccinated prior to 2009 will satisfy this requirement if they received 2 doses of measles and 1 dose each of rubella and mumps vaccine on or after the first birthday.</p>
MMR • MMR/V		
MMR • MMR/V		
Varicella • MMR/V		<p><b>Grades KG-12:</b> 2 doses are required, with the first dose received on or after the first birthday, <b>OR</b> a written statement by a parent or physician stating the approximate month and year that the child had chickenpox disease <b>OR</b> a laboratory report confirming serologic immunity.</p>
Varicella • MMR/V		
Chickenpox disease	MM/YR	
Hepatitis A		<p><b>Grades KG-12:</b> 2 doses are required, with the first dose received on or after the first birthday. A laboratory report confirming serologic immunity is acceptable.</p>
Hepatitis A		
Meningococcal MCV4		<p><b>Grades 7-12:</b> 1 dose is required on or after the student's 11th birthday. One dose received on or after the 10th birthday also meets the requirement.</p>



Physician Signature or Stamp (required)

Physician Name (print/stamp)

Date