

VERIFICATION OF IMMUNIZATION RECORD

Date _____

Student Name _____ Grade _____

Parent Name _____

Address _____

Telephone _____

Previous School _____

School Address _____

Telephone _____

	1	2	3	4	5
DPT					
Poliomyelitis					
MMR					
Hepatitis B					
Hepatitis A					
Varicella					
Talked to:					

Disciplinary Status _____

Withdrawn ____ Yes ____ No Date _____

Comments _____
