

Arizona School Immunization Record

Name: _____ ID #: _____
 Grade: _____ Sex: _____
 DOB: _____ Age as of: _____

For School Use Only

Enrollment Date: _____

Schedule for Completion (Check does(s) needed)

Vaccine	1st	2nd	3rd	4th	5th	6th
DTaP/DTP/ DT/Td						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						

II. Immunization History

	1st	2nd	3rd	4th	5th	6th	FU Due
DTP							
DT							
TD series							
TD booster							
Tdap							
OPV/IPV							
MMR							
HIB							
HEP A							
HEP B							
HEP Ba							
TB							
Varicella							History <input type="checkbox"/>
Flu							
HPV							
Meningitis							
Pneumoc							
H1N1							

III. Documentation

I certify that I reviewed a record of this student's immunization and it has been transcribed accurately.

Review Date _____

Admitting Official _____

Documentation Presented _____

IV. Status

A. Immunization Complete Date _____

B. Current Now; More Due; Needs FU by Date _____

C. Laboratory evidence of immunity to: _____

Notes: _____

Exemption for:

D. Medical Permanent Date _____

E. Medical Temporary Until _____

F. Personal Beliefs Date _____

G. Religious Beliefs Date _____