

LUTHERAN HIGH SCHOOL WESTLAND

New Student Immunization Form

Before your child can attend school, you **must** submit official immunization records (with a signature from a physician or health department official), showing that your child has received the following :

Immunization	Doses
DPT (Diphtheria & Tetanus) <i>If a dose was not given in the last 10 years, a booster dose of Td is required.</i>	4
Polio	3
MMR (Measles, Mumps, & Rubella) <i>First dose must be given on or after the 1st birthday</i>	2
Hepatitis B	3
Varicella (Chicken Pox) <i>1 dose if given after 1st birthday and before 13th birthday. 2 doses if given after 13th birthday. History of chicken pox given is acceptable.</i>	1-2

We must have complete updated records before your child is allowed to enter school.
We cannot wait for records from your child's previous school.
The form below may be used if a printed record is not provided by your doctor.
List the date of the immunization.

	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DTaP/DTP/DT/Td:					
Polio:					
MMR:					
Hepatitis B:					
Varicella (chicken pox)			<input type="checkbox"/> Check box: If your child has had chicken pox, no immunization is needed		

Student's name: _____

Parent/Guardian signature _____ Date: _____

Physician signature _____ Date: _____