

# 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
<b>DPT</b> (Diphtheria & Tetanus) <i>If a dose was not given in the last 10 years, a booster dose of Td is required.</i>	<b>4</b>
<b>Polio</b>	<b>3</b>
<b>MMR</b> (Measles, Mumps, & Rubella) <i>First dose must be given on or after the 1st birthday</i>	<b>2</b>
<b>Hepatitis B</b>	<b>3</b>
<b>Varicella</b> (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>	<b>1-2</b>

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"/> <b>Check box:</b> If your child has had chicken pox, no immunization is needed		

Student's name: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature \_\_\_\_\_ Date: \_\_\_\_\_