

# IMMUNIZATION REPORT

## Brooklyn Nijinokakehashi Japanese Cultural Center

**Note: If a specific vaccine is contraindicated, a separate written statement must be attached.**

**MD diagnosis of having had a specific disease is acceptable.**

**Aitibody titers that demonstrate immunity are acceptable. The lab report must be attached.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Vaccine / Dose	1st Dose	2nd Dose	3rd Dose	4th Dose	Booster
	Mo/Da/Yr	Mo/Da/Yr	Mo/Da/Yr	Mo/Da/Yr	Mo/Da/Yr
DTaP, IPV, Hep B (Pediatrix)					
DTP or DTaP (Diphtheria, Tetanus & Pertussis)					
T-dap (Boostrix) + + +					
IPV (Inactivated Polio)					
OPV (Oral Polio)					
Hib (Haemophilus Influenzae B)					
Hepatitis B (HB)					
Combax (Hib and HB)					
MMR (Measles, Mumps, Rubella)					
Measles (Rubeola)					
Mumps					
Rubella					
Proquad (MMR & Varicella)					
Varicella					
PCV (Pneumococcal) + +					

**Note: + + + Booster for children age 11 and over**

**Note: + + Born after 1/1/08 4 doses**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_