

**PLEASE NOTE:**  
**NOT VALID WITHOUT A DOCTOR'S SIGNATURE**  
**CERTIFICATE OF IMMUNIZATION**

Michigan state law requires all students attending school in this state be immunized and the record be completed on this form. **This completed form must be submitted to the School Nurse before the student arrives on campus. Any student who does not have this form completed will not be admitted to school.**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MO: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian in charge of immunizations (Please include address, if different from above):

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**DIPHTHERIA, TETANUS, & PERTUSSIS**

4 doses are required. If a dose was not given in the last 5 years, a booster dose of DTaP, Td, or DT required. Specify type of Tetanus.

/ /	/ /	/ /	/ /
-----	-----	-----	-----

**POLIO**

3 doses are required.

/ /	/ /	/ /	/ /
-----	-----	-----	-----

**HEPATITIS B**

3 doses are required.

/ /	/ /	/ /	/ /
-----	-----	-----	-----

**MEASLES/MUMPS/RUBELLA (mmr)**

2 doses are required.

/ /	/ /	/ /
-----	-----	-----

**VARICELLA (Chicken pox)**

2 doses are required.

/ /	/ /
-----	-----

Has your son had Chicken Pox? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, WHEN \_\_\_\_\_ AGE \_\_\_\_\_

**Varicella (Chicken pox) Vaccine is now required if your son has not had chicken pox.**

**MENINGITIS VACCINE**

1 dose is mandatory.

/ /
-----

To the best of my knowledge, this child has received the required immunizations.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN: DO NOT SIGN UNLESS THE MINIMUM REQUIRED DOSES ARE COMPLETE.**