

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 10 years, a booster dose of TD is required.

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POLIO

3 doses are required.

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HEPATITIS B

3 doses are required.

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MEASLES/MUMPS/RUBELLA (mmr)

2 doses are required.

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VARICELLA (Chicken pox)

2 doses are required.

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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 optional.

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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.