

## STUDENT'S IMMUNIZATION RECORD

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### I IMMUNIZATION HISTORY

|   |  | Date of Vaccination |  |
|---|--|---------------------|--|
|   |  | Month, Day, Year    |  |
| Diphtheria, Tetanus and Pertussis (DPT/DT)                          | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>4 <sup>th</sup><br>Booster<br>Booster |                     | One more dose is required if the 4 <sup>th</sup> dose was given before age 2.<br><br>Recommended after 10 years. |
| Polio (OPV and/or IPV)  | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>4 <sup>th</sup><br>Booster            |                     | One more dose is required if the last dose was given before age 2.   |
| Varicella (Chickenpox)  |  |                     | 2 Doses 13 years and older.  |
| Measles (10 day measles)<br>Mumps<br>Rubella (German measles) (MMR) | 1 <sup>st</sup><br>Booster   |                     | One more dose is required if given before 1 <sup>st</sup> birthday.  |
| Hepatitis B   | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup>  |                     |  |

### II. TUBERCULOSIS CLEARANCE

A Mantoux P.P.D. tuberculin skin test must have been given within 90 days prior to the date of application to the Los Angeles Unified School District. If the Mantoux test is positive (10mm or more), a chest X-ray report must be included indicating the student is free of communicable disease. A history of BCG vaccination does not exempt the student from the mandatory Mantoux skin test.

#### Mantoux P.P.D. Tuberculin Skin Test

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Result in Millimeters: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

#### Chest X-Ray

Date given: \_\_\_\_\_ Result: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_