CERTIFICATE OF IMMUNIZATION

NAME : **BIRTH DATE :** **SEX : M or F**

VACCINE	Dose	DATE GIVEN Month / Day / Year	Remarks
DTP **Diphtheria** **Tetanus** **Pertussis**	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
	5	/ /	
DT/Tdap	1	/ /	
Polio	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
MMR **(Measles, Mumps, Rubella)**	1	/ /	
	2	/ /	
Hepatitis B	1	/ /	
	2	/ /	
	3	/ /	
Hepatitis A	1	/ /	
	2	/ /	
Varicella	1	/ /	If disagree, give month and year of occurrence
	2	/ /	
B.C.G	1	/ /	
Tuberculosis	1	/ /	
Meningococcal (MCV4)	1	/ /	
	1	/ /	Second dose required for entry into 12th grade or post grad

Signature :

Date : **Clinic Info: (Name / Address)**

GLOBAL VISION CHRISTIAN SCHOOL
1973
BROADFORDING