Spring Branch Independent School District
HEALTH SERVICES
Request for Immunization Records
Requirements for Students in Kindergarten through Grade 12

Student Name _____ Date of Birth _____ Date of Request _____

All enrolling students must meet immunization requirements before being permitted to enroll.

DPT/DtaP/DT/ Td/Tdap: o#1_____ o#2_____ o#3_____ o#4_____

o#5_____ Last DT date on file_____ **Tdap** _____

Polio: o#1_____ o#2_____ o#3_____ o#4_____

Hib: o#1_____ o#2_____ o#3_____ o#4_____

Hepatitis B: o#1_____ o#2_____ o#3_____

Measles: o#1_____ o#2_____ Rubella: o_____

MMR: o#1_____ o#2_____ Mumps: o_____

Varicella: o#1_____ o#2_____ o Date of Varicella (chickenpox) disease_____

Hepatitis A: o#1_____ o#2_____

Meningococcal Vaccine (MCV4) o#1_____

Physician's Name (Please Print) _____ Physician's Signature _____ Telephone _____

Diphtheria/Pertussis/Tetanus –**At age 5 or upon entry into kindergarten, five** (**5) doses** of vaccine in any combination are required unless the fourth dose was received on or after the fourth birthday in which case only four (4) doses are required. **Students age seven or older** are required to have **at least three (3) doses of a tetanus-diphtheria** containing vaccine. One (1) dose of a tetanus-diphtheria containing vaccine is required **within the last ten years. Beginning SY 2009 - 2010,** students will be required to have **one booster dose of a tetanus/diphtheria/pertussis-containing vaccine for entry into the 7th grade, if at least five years have passed since the last dose of a tetanus-containing vaccine**. If five years have not elapsed since the last dose of a tetanus-containing vaccine at entry into the 7th grade, then this dose will become due as soon as the five-year interval has passed. Td vaccine is an acceptable substitute, if Tdap vaccine is medically contraindicated.

Polio – **Upon entry into kindergarten**, **four** (**4) doses** are required, one of which must have been received on or after the fourth birthday. **If the 3rd dose was administered on or after the fourth birthday only three (3) doses are required**. If a proven combination of four (4) doses of OPV and IPV was received before four years of age no additional dose is required. However, if the series is comprised of all IPV or all OPV, then a booster dose is required. [***Not required for persons eighteen years of age or older.***]

Measles* (Rubeola) – **Two (2) doses of measles-containing vaccine** are required. The first dose shall be administered on or after the first birthday with the second dose due by age 5, or upon entry in to kindergarten.

Rubella* and Mumps* -One (1) dose each of rubella and one (1) dose of mumps vaccine received on or after the first birthday is required. (May be given in MMR combination vaccine.)

MMR - Beginning SY 2009 - 2010, students are required to have **two doses of MMR for entry into kindergarten** with the first dose received on or after the first birthday.

Hepatitis B*– 3 doses are required for **all students** in kindergarten through twelfth grade. (Schedule: 4 wks. between dose 1 – 2; 8 wks between dose 2 – 3, and 16 wks after first dose). **Two dose** RECOMBIVAX acceptable for 11 – 15 years of age.

Hepatitis A – 2 doses required for entry into kindergarten.

Varicella* – **One dose of varicella vaccine** received on or after the first birthday is required for all students in kindergarten through twelfth grade. **Two (2) doses** are required if the child was **thirteen years old or older** at the time the first dose of varicella vaccine was received. **A booster dose is required for students entering kindergarten and 7th grade.** Reliable parent history or physician validation of varicella illness may meet requirement.

Meningococcal.- Students are required to have one dose of meningococcal vaccine for the following grades and school years:
SY 2009 - 2010: 7th grade

Immunization records must be received prior to enrollment or the student will not be allowed to enroll. I f student is currently in school, required updates must be received by the date shown below or student will be excluded from school.

School Nurse/Nurse Assistant _____ School _____ Date Records Due _____

R: 5/06