

**HEALTH FORM – IMMUNIZATION RECORD  
REDEEMER LUTHERAN SCHOOL, 1500 W. ANDERSON LANE, AUSTIN, TEXAS 78757**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**\*\*Current Immunization form from physician's office may be submitted instead of this form. Proof of Physical Exam is for athletics.**

**\*\*Students must have acceptable proof of the required vaccines: This includes the month, day & year each vaccine was administered & the signature or stamp of the physician or physician's designee.**

DT or DTP or DTaP 1 _____	POLIO 1 _____	HIB 1 _____	HEPATITIS B 1 _____
DT or DTP or DTaP 2 _____	POLIO 2 _____	HIB 2 _____	HEPATITIS B 2 _____
DT or DTP or DTaP 3 _____	POLIO 3 _____	HIB 3 _____	HEPATITIS B 3 _____
DT or DTP or DTaP 4 _____	POLIO 4 _____	HIB or DTaP/HIB 4 _____	
DT or DTP or DTaP 5 _____			MMR 1 _____
Tdap (Grade 7-NEW) _____			K-NEW>MMR 2 _____

Gr.7-NEW>MENINGOCOCCAL(MCV4) \_\_\_\_\_ VARICELLA 1 \_\_\_\_\_ K-NEW>HEPATITIS A 1 \_\_\_\_\_  
 PNEUMOCOCCAL (PCV7) \_\_\_\_\_ K & 7<sup>th</sup>-NEW> \*VARICELLA 2 \_\_\_\_\_ K-NEW>HEPATITIS A 2 \_\_\_\_\_

TB TEST (PPD) \_\_\_\_\_ Results: \_\_\_\_\_ \*or Chickenpox Illness Documentation Below

*This is to certify that this immunization record for \_\_\_\_\_ is correct as of the date below.*

\_\_\_\_\_  
**Signature of Physician or Person Transferring Information**

\_\_\_\_\_  
**Date**

*\*This is to verify that \_\_\_\_\_ had Varicella disease (Chickenpox) on or about  
 \_\_\_/\_\_\_/\_\_\_ and does not need the Varicella vaccine. (A month, day and year are required. Approx. is okay.)*

\_\_\_\_\_  
 Signature of physician, nurse, parent

\_\_\_\_\_  
 Relationship to student

\_\_\_\_\_  
 Date of Signature

At the last **Physical Examination**, dated \_\_\_\_\_, I found this child:

\_\_\_\_\_ to be free of infectious and contagious disease;

\_\_\_\_\_ is physically able to participate in athletic activities—volleyball, football, basketball, soccer, etc.

Disabling conditions affecting the child's participation in physical or group activities are as follows:

Instructions or suggestions: \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*PLEASE NOTE THE FOLLOWING TEXAS DEPARTMENT OF HEALTH IMMUNIZATION REQUIREMENTS, SOME "NEW", NECESSARY TO BE ALLOWED TO ATTEND CLASSES, FOR THE 2010 - 2011 SCHOOL YEAR:**

**Kindergarten--NEW:** 2 doses of Hepatitis A vaccine, required statewide, with first dose on or after the 1<sup>st</sup> birthday.

**7<sup>th</sup> Gr.--NEW:** required to have 1 dose of Meningococcal vaccine.

**K-8<sup>th</sup>:** the appropriate # of DPT & Polio vaccines (1 dose of each MUST have been received on or after the 4<sup>th</sup> birthday).

**Gr. 7--NEW:** Also required to have a booster dose of Tdap (if it's been 5 yrs since the last tetanus-containing vaccine).

**Kindergarten--NEW:** required to have 2 doses of MMR (measles, mumps & rubella) with the 1<sup>st</sup> dose on or after the 1<sup>st</sup> birthday.

**1<sup>st</sup>-8<sup>th</sup>:** 2 doses Measles, 1 dose Mumps and 1 dose Rubella on or after the 1<sup>st</sup> birthday.

**ALL students (K-8<sup>th</sup>):** 3 doses of Hepatitis B vaccine.

**Kinder & 7<sup>th</sup>--NEW:** required to have 2 doses of Varicella vaccine, with the first dose on or after the 1<sup>st</sup> Birthday (or signed verification of having had Chickenpox).

**1<sup>st</sup> - 6<sup>th</sup> & 8<sup>th</sup>:** 1 dose of Varicella vaccine (or signed verification of having had Chickenpox) on or after the 1<sup>st</sup> Birthday.

A TB test is required of students when deemed necessary.