

**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.
Please complete with month/day/year vaccines were given. Must have authorized signature(s):**

DT or DTP 1 _____	OPV or IPV 1 _____	HIB or DTP/HIB 1 _____	HEPATITIS B 1 _____
DT or DTP 2 _____	OPV or IPV 2 _____	HIB or DTP/HIB 2 _____	HEPATITIS B 2 _____
DT or DTP 3 _____	OPV or IPV 3 _____	HIB or DTP/HIB 3 _____	HEPATITIS B 3 _____
DT or DTP or DTaP 4 _____	OPV or IPV 4 _____	HIB or DTP/HIB 4 _____	
DT or DTP or DtaP 5 _____	OPV or IPV 5 _____	HIB or DTP/HIB 5 _____	MMR 1 _____
DT or DTP or DtaP 6 _____	OPV or IPV 6 _____	HIB or DTP/HIB 5 _____	MMR 2 _____
MENINGOCOCCAL (MCV4) _____		VARICELLA 1 _____	HEPATITIS A 1 _____
PNEUMOCOCCAL (PCV7) _____		VARICELLA 2 _____	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

<p>**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.)</p>		
_____	_____	_____
<i>Signature of physician, nurse, parent</i>	<i>Relationship to student</i>	<i>Date of Signature</i>

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, NECESSARY TO BE ALLOWED TO ATTEND CLASSES, FOR THE CURRENT SCHOOL YEAR:**

- ALL students (K-8th):** the appropriate # of DPT & Polio vaccines (1 dose of each MUST have been received on or after the 4th birthday).
 - ALL students (K-8th):** 2 doses of Measles, 1 dose Mumps and 1 dose Rubella on or after the 1st birthday.
 - ALL students (K-8th):** 3 doses of Hepatitis B vaccine.
 - ALL students (K-8th):** 1 dose of Varicella vaccine (or signed verification of having had Chickenpox) on or after the 1st Birthday.
- A TB test is required of students when deemed necessary.

NEW REQUIREMENT FOR ALL PRESCHOOL CHILDREN: Pneumococcal & Hepatitis A vaccines are now required.

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