

IMMUNIZATION RECORD

Army and Navy Academy

Student Name _____ Date of Birth _____

Statement such as "Up to Date" or "Complete" will not be accepted. Admission may be denied on the basis of this information.

REQUIRED VACCINES

VACCINE	Date Administered - Month/Day/Year				
	#1	#2	#3	#4	#5
OPV/IPV (polio) 4 doses: 3 if one was on or after the second birthday					
DTP/DT/Td/Dtap (Tetanus) 4 doses: 3 if one was on or after the second birthday. If last dose before age 2, Td booster is required					
Pertussis Booster (Grade 7) 1 dose DTap, DTP, Adacel, Tdap, or Boostrix required after age 7 to advance into 7th grade and above					
MMR (2 doses required) 1 dose must be on or after 1st birthday 2nd dose at least 4 weeks after 1st dose					
Varicella (Chicken Pox) (2 doses or date had disease) 1 dose must be on or after 1st birthday 2nd dose age 12 or older					history of chicken pox Yes _____ No _____ Date _____
Hepatitis B 3 doses					
RECOMMENDED VACCINES - NOT REQUIRED					
Hepatitis A (2 doses)					
HPV (3 doses)					
Meningitis					

Practitioner's Signature: _____

Printed Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Office Stamp and/or Seal required: