

**ARMY AND NAVY ACADEMY
IMMUNIZATION RECORD**

Student Name: _____ Date of Birth: _____

Statements such as "Up to Date" or "Complete" **WILL NOT BE ACCEPTED**. The Army and Navy Academy adheres to the immunizations requirements that California State Law has put in place. An exemption without recent documentation from a California physician will **NOT BE ACCEPTED**.

REQUIRED VACCINES - Date Administered - MONTH/DAY/YEAR (Print Clearly)

	#1	#2	#3	#4	#5	#6
POLIO (OPV or IPV)						
	#1	#2	#3	#4	#5	#6
	BOOSTER					

	#1	#2	#3	#4	#5	Mandatory
DTP/DtP/Td/Dtap (Tetanus) 4 DOSES. BOOSTER REQUIRED WHEN ENTERING 7TH GRADE & every 10 years after.						
	#1	#2	#3	#4	#5	Mandatory

MMR (Mandatory 2 doses)	#1	#2
	#1	#2

Varicella (Chicken Pox) Mandatory 2 Doses OR date of disease	#1	#2	History of Chickenpox Date: _____
	#1	#2	

Hepatitis B (Mandatory 3 doses)	#1	#2	#3
	#1	#2	#3

Practitioner's Signature: _____ Printed Name: _____ Title: _____
 Address: _____ Phone: _____ Fax: _____

OFFICE STAMP REQUIRED FOR VALIDATION