

# IMMUNIZATION RECORD

## SATORI SCHOOL

Please fill out your child's immunization information below. **The boxes in bold are REQUIRED by Satori School for attendance.**

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

	<b>DTaP/DT Td/Tdap</b> <small>(Diphtheria, Tetanus &amp; Pertussis)</small>	<b>Hib</b> <small>(Haemophilus Influenza type B)</small>	<b>HepB</b> <small>(Hepatitis B)</small>	<b>IPV/OPV</b> <small>(Polio)</small>	<b>MMR</b> <small>(Measles, Mumps &amp; Rubella)</small>
<b>Birth</b>			__/__/__		
<b>2 Months</b>	__/__/__	__/__/__	__/__/__	__/__/__	
<b>4 Months</b>	__/__/__	__/__/__		__/__/__	
<b>6 Months</b>	__/__/__	__/__/__	__/__/__	__/__/__	
<b>12 -15 Months</b>	__/__/__	__/__/__		__/__/__	__/__/__
<b>4-6 Years</b>	__/__/__			__/__/__	__/__/__
<b>11-12 Years</b>					
<b>OTHER VACCINES</b>					
<b>PCV</b> <small>(Pneumococcal)</small>	__/__/__	__/__/__	__/__/__	__/__/__	
<b>RV</b> <small>(Rotavirus)</small>	__/__/__	__/__/__	__/__/__		
<b>HepA</b> <small>(Hepatitis A)</small>	__/__/__	__/__/__			
<b>Varicella/VAR</b> <small>(Chicken Pox)</small>	__/__/__	__/__/__			
<b>IIV/LAIV</b> <small>(Influenze)</small>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
<b>HPV</b> <small>(Human Papilloma Virus)</small>	__/__/__	__/__/__	__/__/__		
<b>MCV4/MPSV4</b> <small>(Meningococcal)</small>	__/__/__				