

Foreign Exchange Student Immunization Record

Student Last Name: _____ First Name: _____

Birth Date: _____ Age: _____ Gender: _____

Country of Birth: _____

Country of Citizenship: _____

Parents' Names: _____

Vaccine	Minimum Doses Required	1 st Dose Month/Year	2 nd Dose Month/Year	3 rd Dose Month/Year	4 th Dose Month/Year	5 th Dose Month/Year	Date of Disease
DTP (Diphtheria, Tetanus, Pertussis)	4 (5 th dose necessary if 4 th dose received before 4 th birthday)						
Polio	4 (4 th dose necessary if 3 rd dose received before 4 th birthday)						
MMR (Measles, Mumps, Rubella)	2 (1 st and 2 nd dose must be separated by at least 4 weeks)						
Varicella (Chicken Pox)	2 (Unless verified by doctor)						
Hepatitis A	2 (Each dose must be 6 months apart)						
Hepatitis B	3 (Each dose must be 6 months apart)						
Tdap	1 (all students grade 8 th -12 th)						
MCV4	1 (all students grade 8 th -12 th)						

For more information regarding required immunizations for enrollment in CCSD schools, please go to the following Web site:

<http://ccsd.net/parents/enrollment/>

Physician's Name: _____ Telephone: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____