



ST. FRANCIS PREPARATORY SCHOOL MEDICAL OFFICE
IMMUNIZATION FORM

718-423-8810 Ext.234
 Fax: 347-823-2380
 medical@StFrancisPrep.org

LAST NAME FIRST MIDDLE COR DOB M/F

EXEMPT (DOCUMENTATION MUST BE ATTACHED) RELIGIOUS _____ MEDICAL _____

DTP, DTaP _____ _____ _____ _____ _____

DT, Td _____ _____ _____ _____

Tdap ADACEL _____ BOOSTRIX _____

POLIO _____ _____ _____ _____

MMR #1 _____ MMR #2 _____

OR MEASLES #1 _____ MEASLES #1 _____ RUBELLA #1 _____

#2 _____ #2 _____

HIB _____ _____ _____ _____

HEPATITIS B #1 _____ #2 _____ #3 _____ #4 _____

HEPATITIS A #1 _____ #2 _____

MENINGOCOCCAL TYPE _____ DATE _____ DATE _____

VARICELLA _____ _____ DISEASE _____ DATE _____

HPV _____ _____ _____

MANTOUX _____ RESULT _____

QUANTIFERON _____ RESULT _____

OTHER _____ _____ _____

 SIGNATURE OF MEDICAL PROFESSIONAL

 DATE

 STAMP

IMMUNIZATION FORM

MEASLES, MUMPS, AND RUBELLA OR MMR #1 MUST BE ON OR AFTER THE FIRST BIRTHDAY, AND #2 MUST BE AT LEAST 28 DAYS AFTER #1.

HEPATITIS SERIES: THERE MUST BE AT LEAST 4 MONTHS BETWEEN 1ST AND 3RD DOSE. MINIMUM ACCEPTABLE INTERVAL BETWEEN 1ST AND 2ND IS 28 DAYS. MINIMUM ACCEPTABLE BETWEEN 2ND AND 3RD IS 56 DAYS.

THE FIRST DOSE OF VARICELLA (CHICKEN POX VACCINE) MUST BE GIVEN ON OR AFTER THE FIRST BIRTHDAY. THE SECOND DOSE MUST BE ADMINISTERED AT LEAST 3 MONTHS LATER.

STUDENTS ENTERING **GRADE 9 MUST HAVE 1 DOSE** OF MENINGOCOCCAL VACCINE. THEY WILL BE REQUIRED TO GET A BOOSTER AT AGE 16.

MENINGOCOCCAL VACCINE (MCV4) IS MANDATED FOR ALL 16 YEAR OLDS BY THE DEPARTMENT OF HEALTH. ALL STUDENTS ENTERING SENIOR YEAR MUST RECEIVE AND PROVIDE DOCUMENTATION OF VACCINE BEFORE RETURNING TO SCHOOL IN SEPTEMBER. IF YOUR CHILD HAS HAD A MENINGOCOCCAL VACCINE BEFORE 16 THEY **MUST** RECEIVE A BOOSTER.

