



IMMUNIZATION RECORD FORM

Student Name _____ Date of Birth: _____ Current Grade: _____
PRINT First name then Last name Required

***For the protection of the student body and staff: No student is allowed in school without an immunization record. The Texas Dept. of Health also requires that all immunization deficiencies be up to date within 30 days of the first day of school. Students are not allowed to attend school until these criteria are met.**

NOTE: All immunization records given to the school must be an "official" document: from a previous school, doctor, or health clinic.

Dates of vaccines must include:(month/day/year)

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Hepatitis B						
DTP, DTaP, DT, Td						
Tdap						
Polio						
MMR						
Measles						
Varicella			Disease Date: _____ Parent Signature: _____			
Meningococcal						
Hepatitis A						
Pneumococcal						
Influenza						
Other:						
Other:						

Physician Signature or Official Clinic Seal

Date Signed

Print Physician Name

Printed Address of Physician Office

RETURN FORM TO PARAGON PREP: 2001 W. Koenig Lane, Austin, TX 78756 by August 1st.