

Student Name	Host Club	Host District	IB-7
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Immunization Record

For Students Inbound to Rotary District _____



(26Jan2017)

To enroll in a school in the U.S.A., vaccinations for certain communicable diseases are required. Requirements vary with the school and year of attendance. However, in all cases, dates of all inoculations (doses) of a particular vaccine are required. Some schools also require results of a test for tuberculosis .

Below is a list of the vaccines required by the school that you will attend. The easiest way to send the required information is to complete the chart below, ask a medical professional (such as physician or nurse) to sign and date it for validation and **send a copy as an e-mail attachment to your Host Rotary District at**

Vaccination Record Required unless otherwise stated.

Vaccine	Dates of Inoculations (Day-Month-Year)				
	Number of Doses	Date of 1 st Dose	Date of 2 nd Dose	Date of 3 rd Dose	Date of 4 th Dose
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)					
Polio					
*Measles, Mumps, & Rubella (MMR)					
*Hepatitis B					
*Varicella					
Meningococcal (MCV4)					

Tuberculosis (TB) Test Required Not Required

Type of Test	Date of Test	Result of Test
<input type="checkbox"/> X-Ray <input type="checkbox"/> Skin Test		

*Students who are immune to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella as a result of having been infected with the disease are not required to take doses of the associated disease. A previous illness may be documented with a written statement from a physician, school nurse, or the student’s parent or guardian with a statement such as: “This is to verify that (name of student) had (name of disease, such as chickenpox) and does not need the associated vaccine.” This written statement will be acceptable in place of doses of the associated disease.

NOTE: The symbol, XXXXXX, in a box in the chart indicates that the dose is not required.

Certification of Information

Person Certifying Information	Title (Physician, Nurse, etc.)	Signature	Date
		/S/	