



Immunization Form

For student health purposes, your child should have the following immunizations for enrollment into ACS. Please read and record the exact date of administration of all immunizations below and have it signed and stamped with a seal by your pediatrician. If available, a current Vaccine Administration Record may be returned instead of this form. If evidence of immunization cannot be provided, within 60 days following the beginning of the school year, the student may not be allowed to continue attendance at ACS.

Immunizations for Students

Diphtheria, Tetanus, Pertussis (DTaP)

Four primary DTaP doses: 2, 4, 6, and 15 to 18 months. One booster dose 4-6 yrs old, before entering kindergarten or elementary school (not necessary if fourth dose is given on or after fourth birthday).

Polio (OPV or IPV)

Three primary Polio doses: 2, 4, 6 to 18 months. One booster dose 4-6 yrs old, before entering kindergarten or elementary school (not necessary if third dose is given on or after fourth birthday).

Measles, Mumps, Rubella (MMR)

One primary MMR dose: 12 to 15 months. One booster dose 4-6 yrs old before entering kindergarten or elementary school.

Hepatitis B (Hep B)

Three Hep B doses: birth, 1 to 4 and 6 to 18 months.

Student _____ Date of Birth _____

Immunization	Date	Date	Date	Date	Date	Date
DPT						
Polio						
MMR						
Hepatitis B						
Other						

Parent/Guardian Signature _____ Date _____
 (Month/Day/Year)

Doctor Signature _____

Medical stamp or seal