



THE MONTESSORI ACADEMY OF ARLINGTON

Preparing children for life, not just the next test.

Health Record Immunization Record (must be completed by doctor)

An official record provided by your doctor can be used rather than completing this form. It must have the student's name, date of birth, and a doctor's signature or stamp.

Student Name: _____ Date of Birth: _____

Immunization Record					
<input type="checkbox"/> See attached	1 st Dose Date	2 nd Dose Date	3 rd Dose Date	1 st Booster Date	2 nd Booster Date
DTaP (Diphtheria, Tetanus, Pertusis)					
IPV or OPV (Polio)					
Hib					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Hepatitis A					
Varicella (Chickenpox)					
PCV/PCV 13/ Prevnar (Pneumococcal)					
Tuberculosis Test To be completed if recommended for the area by the Texas Department of Health. (School staff will inform parents of these requirements.) Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____					
Physician's verification must be submitted for: Measles —Date of illness: _____ Mumps —Date of illness: _____					

Physician's Signature (or stamp): _____ Date: _____

Physician's signature or stamp and date required for verification of immunizations

Texas Immunization Requirements

A student is required to show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Diphtheria, Tetanus, and Pertussis

(DTaP/DTP/DTTd/Tdap).....5 doses, one of which must have been received after the 4th birthday; however, 4 doses meet the requirement if the 4th dose was given on or after the 4th birthday; booster required in 10 years after last dose was given.

Polio (IPV of OPV)4 doses, one of which must have been received on or after the 4th birthday; however, 3 doses meet the requirement if the 3rd dose was given on or after the 4th birthday.

Measles, Mumps, and Rubella (MMR)2 doses with the 1st dose on or after 1st birthday; second dose required upon entry into kindergarten.

Haemophilus influenzae type b (Hib).....Complete series, or 1 dose given at or after 15 months of age. A primary series and booster is 2 doses (2 months apart) and a booster dose on or after 12 months of age, received at least 2 months after the last dose. There is no requirement of Hib for students attending K-6th.

Hepatitis B.....3 doses; 2 doses of adult hepatitis B vaccine (Recombivax®) are acceptable for individuals 11-15 years of age. Dosage and type of vaccine must be clearly documented.

Varicella.....2 doses received on or after 1st birthday. Beginning August 1, 2009, all students entering kindergarten and 7th grade will be required to have 2 doses. This requirement will be phased in by grades through school year 2015-16.

Hepatitis A.....2 doses with the 1st dose received on or after the 1st birthday.

Pneumococcal Conjugate Vaccine (PCV or PCV13).....

The age of the child when the first dose was administered affects the total number of doses required:

If your child is currently:

12 months through 23 months4 doses with one dose on or after 12 months of age
OR

3 doses if a child received the 1st dose from 7-11 months of age, and at least 1 dose was administered on or after 12 months of age

OR

2 doses if a child received the 1st dose from 12-23 months of age

24 months through 59 months1 dose if a child is unvaccinated or partially vaccinated and healthy