

**THE DIOCESE OF DALLAS
IMMUNIZATION RECORD**
(Required)

Student's Name _____ Sex _____ Date of Birth _____

This form must be validated by a physician's signature or a health clinic stamp. Dates for all immunizations must be included with month, day, and year for each immunization. If there is a **MEDICAL CONCERN** for a particular immunization, there are specific procedures for requesting an official state form and submitting it to the school or for completing a medical exemption. See <http://vaccineinfo.net/exemptions/index.shtml>

No CONSCIENTIOUS EXEMPTION waivers on the basis of religious beliefs are given in
The Diocese of Dallas.

IMMUNIZATION	M/D/YR	M/D/YR	M/D/YR
DTP, DtaP, DT, Td (Five doses of any combination of DtaP, DTP unless 4 th dose was given on or after the 4 th birthday.) ▪ One dose of Td required ten years after last dose of DTP, DtaP, DT	#1	#2	#3
	#4	#5	
Polio (IPV) (Four doses unless the 3 rd dose was given on or after the 4 th birthday.)	#1	#2	#3
	#4		
Measles, Mumps, Rubella (MMR) (Two doses of a measles containing vaccine with the first dose on or after the first birthday; second dose by age 5 or entry into kindergarten)	#1	#2	
Hepatitis B (Three doses)	#1	#2	#3
Varicella (Chicken Pox) (One dose on or after the 1 st birthday)	#1		
Pneumococcal (PCV) (Four doses required for Pre-K Programs)	#1	#2	#3
	#4		
Hepatitis A (High risk counties only) (Two doses on or after 2 nd birthday for grades K-4.) Not required in Dallas County.	#1	#2	
TB Skin Test (Optional)	Results:		

Physician's Signature/Stamp _____

Date: _____ Phone Number: _____