



**Our Lady of the Snows Catholic Academy**  
*"Turning today's learners into tomorrow's leaders"*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class in September \_\_\_\_\_

**IMMUNIZATION HISTORY**  
 (To be completed by physician or health clinic representative)

DTP or DT or TD \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ **\*Last dose on or after 4 years of age.**

Tdap \_\_\_\_\_ (applies to all entering 6<sup>th</sup> & 7<sup>th</sup> grades - ages 11 & up)  
 Date \_\_\_\_\_

Meningococcal (MenACWY) \_\_\_\_\_ (applies to all entering 7<sup>th</sup> & 8<sup>th</sup> grade)  
 Date \_\_\_\_\_

POLIO \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ **\*Last dose on or after 4 years of age.**

MMR \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_  
 (on or after first birthday) (on or after 15 months of age)

HIB \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

PNEUMOCOCCAL (PCV) \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

VARICELLA (CHICKENPOX) [1] \_\_\_\_\_ (on or after 1st birthday) [2] \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

\*HEP B \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
 (3 doses for children entering Nursery - 8th)

**\*HEP B Minimum age for dose 1: Birth  
 Dose 1 to dose 2: 4 weeks  
 Dose 2 to dose 3: 8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks.**

\_\_\_\_\_  
 Signature of physician or health clinic representative Date

\_\_\_\_\_  
 Print name of physician or health clinic representative (Area Code) Telephone Number

\_\_\_\_\_  
 Address Town Zip

Do not write below this line (for school use only).

Date of Registration \_\_\_\_\_ Admitted \_\_\_\_\_