

## Immunization Record (New Students Only)

The State of New Hampshire and Brewster Academy have the following immunization requirements. This completed record must be submitted by July 1<sup>st</sup>. All immunizations must be completed prior to student's arrival.

### REQUIREMENTS:

**Diphtheria, Tetanus, Pertussis (DTP):** 4 or more doses; 1 dose must be after the child's fourth birthday.

**Tetanus, Diphtheria (Td or Tdap):** booster within 10 years.

**Polio (OPV/IPV):** 3 doses of an all OPV/IPV schedule with the last dose after the child's fourth birthday or 4 doses of any combination regardless of age at administration.

**Measles, Mumps, Rubella (MMR):** first dose on or after 1 year of age, second dose at least 30 days after first.

**Varicella (chicken pox vaccine):** One dose unless administered after 13 years of age, then two doses required; **Or**, documented history of disease.

**Hepatitis B Vaccine:** three doses required if born on or after 1/1/93.

**Tuberculosis test (TB):** TB skin test must be within 6 months of arrival at Brewster. **First year only.**

\*We recommend (but don't require) meningococcal vaccine and HPV vaccine (females only)

### RECORD: (Must include month/day/year)

Name of student: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

**DPT:** 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 3<sup>rd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 4<sup>th</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 5<sup>th</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**Td or Tdap booster (Please specify).** 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**Polio (OPV/IPV):** 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 3<sup>rd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 4<sup>th</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR:** 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**MMR (if doses given separately):** Measles: 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps: 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella: 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**Chicken Pox:** Vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ Disease: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TB test** (circle one) neg pos date \_\_\_\_/\_\_\_\_/\_\_\_\_ mm. induration \_\_\_\_\_

If positive, chest x-ray results \_\_\_\_\_

**Hepatitis B:** 1<sup>st</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 2<sup>nd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ 3<sup>rd</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_

**Meningococcal** (not required) \_\_\_\_\_

**HPV** (females only, not required) \_\_\_\_\_