



**Immunization Information**

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 <sup>1</sup>				
12 – 14 months		#3	#1 - #4 <sup>2</sup>	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 <sup>3</sup> & #2 <sup>3</sup>		
<b>School Age (K-12)</b>	#4 <sup>4</sup> or #5	#3 <sup>5</sup> or #4		#3		#2 <sup>6</sup>	#1 <sup>7</sup>

<sup>1</sup> Pedvax or Comvax vaccine given

<sup>2</sup> Must have at least 1 Hib after 12 months of age

<sup>3</sup> Hep A required in Maricopa County only

<sup>4</sup> 4 doses meet requirement if 4<sup>th</sup> dose is after 4<sup>th</sup> birthday

<sup>5</sup> 3 doses meet requirement if 3<sup>rd</sup> dose is after 4<sup>th</sup> birthday

<sup>6</sup> Must have 2 doses of MMR for K-12 entry

<sup>7</sup> A 2<sup>nd</sup> dose is needed if dose #1 is given at 13+ years of age

**Check one**

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY/ YR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY/ YR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY /YR

Updated immunizations received and attached

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY/ YR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY/ YR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO /DAY /YR

**Medical Information**

Is child allergic to food or other substances?  No  Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) \_\_\_\_\_

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes \_\_\_\_\_

Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes \_\_\_\_\_

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes \_\_\_\_\_

Additional comments: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

Telephone Authorization Code : \_\_\_\_\_ (optional)