

Herricks Union Free School District
999-B Herricks Road
New Hyde Park, NY 11040

IMMUNIZATION RECORD

Students Name: _____ Date of Birth: _____

VACCINE

DATE OF IMMUNIZATION

POLIO (OPV) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO (IPV) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR 1. _____ 2. _____

MEASLES 1. _____ 2. _____

MUMPS 1. _____ 2. _____

RUBELLA 1. _____ 2. _____

DPT/DTaP 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tdap 1. _____

DT (pediatric) 1. _____ 2. _____ 3. _____

TD (adult) 1. _____ 2. _____ 3. _____

HIB (haemophilus influenza B) 1. _____ 2. _____ 3. _____ 4. _____

HEPATITIS B 1. _____ 2. _____ 3. _____

VARICELLA 1. _____ 2. _____ _____disease _____immunization

P.P.D. 1. _____ 2. _____ 3. _____

Meningococcal: _____ DATE: _____

Hepatitis A _____ DATE: _____

H.P.V. _____ DATE: _____

OTHER - NAME: _____ DATE: _____

OTHER - NAME: _____ DATE: _____

OTHER - NAME: _____ DATE: _____

Doctor's Signature: _____

Doctor's Stamp: