

Required Immunizations Records Grades 1 through 12

Wilmington Christian Academy
642 Davids Drive, Wilmington, OH 45177

A physician's report may be used instead of this form.

Student Name _____ Date _____

Address _____ City _____ Zip Code _____

Parent(s)/Guardian _____ Phone # _____

Student Birth date _____ Grade _____ Sex _____

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Note to parents: Wilmington Christian Academy also requests a copy of the immunization record on either the physician's office form or the county health department form. Day, month, and year of each dose is required.

DTaP/DTP/DT/Td (1) _____ (2) _____ (3) _____ (4) _____ (5)* _____
(Diphtheria, Tetanus, Pertussis)

POLIO (1) _____ (2) _____ (3) _____ (4)** _____

MMR (1) _____ (2) _____
(Measles, Mumps, Rubella)

HEP B (1) _____ (2) _____ (3) _____
(Hepatitis B)

Varicella
(Chicken pox) (1) _____

Other:

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*Students receiving all four primary immunization doses of DTP or DTaP prior to their 4th birthday MUST receive a single booster dose prior to kindergarten entry.

**Students receiving a third dose of Polio Vaccine (either DPV or IPV) prior to the 4th birthday MUST receive a fourth dose prior to kindergarten entry.