



# Immunization Record

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

**JCPC requires that all children have a complete and updated immunization record on file at school. Please complete the information below or attach a copy of the child's immunization record from their physician. See page 2 for a statement of exemption, if necessary.**

**Return by September 30th**

Immunization	Type of Vaccine	Dose	Date Given
<b>DTaP</b> <b>DTP</b> <b>DT/Td</b> Diphtheria., Tetanus, Pertussis		1	
		2	
		3	
		4	
		5	
<b>Polio</b> OPV by mouth IPV by injection		1	
		2	
		3	
		4	
<b>HIB</b> Haemophilus Influenzae B		1	
		2	
		3	
		4	

Immunization	Type of Vaccine	Dose	Date Given
<b>MMR</b> Measles (Rubeola), Mumps & Rubella	MMR	1	
	MMR	2	
	MMR		
	Measles		
	Mumps		
	Rubella		
<b>Hep B</b> (HBV) Hepatitis B		1	
		2	
		3	
		4	
<b>OTHER VACCINES</b>			
Varicella			
Pneumococcal			
Influenza			

I certify that the information contained on this form is, to the best of my knowledge, accurate and complete. I understand my child can be excluded from JCPC class and activities during an outbreak of a vaccine-preventable disease if these records indicate they have not been adequately vaccinated against that disease.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Statement of Exemption from Immunization Law

Your child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease against which your child has not been immunized, she or he can be excluded from JCPC classes and activities until the outbreak is over.

Name of Child: \_\_\_\_\_

If this child has not been fully immunized, please fill in the appropriate box below and sign where indicated.

**Medical Exemption (to be filled in by child's physician)**

I certify that the child named on this form is medically exempt from the requirements for the following vaccine(s):

Vaccine(s): \_\_\_\_\_

Until (date): \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Exemption**

**Religious Exemption**

My child has not received the following vaccine(s) because of personal or religious belief:

\_\_\_\_\_

I certify that my child has **not** received the stated immunization(s). I understand that my child can be excluded from JCPC class or activities during an outbreak of a related disease.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date