



BLACKHAWK
Christian School

IMMUNIZATION RECORD

Immunization documentation must include: the student's name and date of birth, the vaccine given and date (month/day/year) of each immunization, and the signature of a medical provider.

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT'S NAME _____

DIPHTHERIA-TETANUS-PERTUSSIS (DPT or DT or dT)

DATE—1st _____ 2nd _____ 3rd _____ 4th _____
(Month/Day/Year)

POLIO (please indicate OPV/IPV)

DATE—1st _____ 2nd _____ 3rd _____
(Month/Day/Year)

MEASLES-MUMPS-RUBELLA (MMR)

DATE—1st _____
(Month/Day/Year)

HEPATITIS B

DATE—1st _____ 2nd _____ 3rd _____
(Month/Day/Year)

VARIVAX OR VARICELLA (Or date of Chicken Pox verified by Doctors note) _____

DATE—1st _____ 2nd (recommended) _____
(Month/Day/Year) (Month/Day/Year)

OTHER _____



Physician Signature

Physician Name (PRINTED)

Date

MEMORANDUM

BLACKHAWK CHRISTIAN SCHOOL

THE STATE OF INDIANA REQUIRES THE FOLLOWING:

Required immunizations for 3-5 year olds.

DIPHTHERIA-TETANUS-PERTUSSIS (DPT or DT or dT) - 4 doses

POLIO - 3 doses

MEASLES - 1 dose

MUMPS - 1 dose

RUBELLA - 1 dose

HEPATITIS B - 3 doses

VARIVAX OR VARICELLA - 1 dose (2nd dose is recommended) or
date your child had chicken pox verified by a Dr.s note

Required immunizations for KINDERGARTEN.

DIPHTHERIA-TETANUS-PERTUSSIS (DPT or DT or dT) - 5 doses

POLIO - 4 doses

MEASLES - 2 doses

MUMPS - 2 doses

RUBELLA - 1 dose

Measles, mumps and rubella are combined in the U.S. as MMR so your child will have 2 MMR vaccines.

HEPATITIS A - 2 doses

HEPATITIS B - 3 doses

VARIVAX OR VARICELLA - 2 doses or
date your child had chicken pox verified by a Dr.s note