

SAXON HILL SCHOOL
P.O. BOX 68
JERICHO, VERMONT 05465
899-3832

IMMUNIZATION RECORD

Use this form or attach complete Immunization Record.

Student's Name _____ Date of Birth _____

VACCINE	DATES OF IMMUNIZATIONS (Month, Day, Year)				
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP					
DTaP					
Pedi DT					
Td Adult					
Tdap					
Polio (OPV)					
Polio (IPV)					
MMR					
Hib					
HepB					
Varicella					
PCV					
Influenza					
OTHER					

- DTP – Diphtheria, Tetanus toxoids and Pertussis vaccine
- DTaP – Diphtheria, Tetanus toxoids and acellular Pertussis vaccine
- Pedi DT – Pediatric Diphtheria and Tetanus toxoids
- Td Adult – Adult Tetanus toxoids
- Tdap – Diphtheria, Tetanus toxoids and acellular Pertussis vaccine
- OPV – Oral Poliovirus vaccine
- IPV – Inactivated Poliovirus vaccine
- MMR – Measles, Mumps and Rubella vaccine
- Hib – *Haemophilus Influenza* type b conjugate vaccine
- HepB – Hepatitis B vaccine
- Varicella - Chickenpox
- PCV – Pneumococcal conjugate vaccine, Prevnar