

Immunization Record – Required for all NEW students

Full Name _____

BirthDate _____

Grade _____

Diphtheria and Tetanus (DTP, DTap, Td or DT) 1. _____

2. _____ **3.** _____ **4.** _____ **5.** _____

Tetnus, Dipitheria and Pertussis (Tdap) 1. _____

Polio(OPV or IPV) 1. _____ **2.** _____ **3.** _____ **4.** _____

Hepatitis B 1. _____ **2.** _____ **3.** _____

Measles-Mumps-Rubella(MMR) 1. _____ **2.** _____

Varicella (Vaccine or Disease) 1. _____ **2.** _____

Meningococcal (MCV) 1. _____

Please return completed form to:
St. Joseph's Prep
1733 Girard Avenue
Philadelphia, PA 19130
Attention: School Nurse

