

**PADUA FRANCISCAN HIGH SCHOOL**  
**IMMUNIZATION FORM**

This form is required for all students entering Padua Franciscan High School for the first time. Parent or guardian, please complete form and **return it on or before March 15, 2024.** By State Law, students may not attend classes if this complete form is not on file within the first two weeks of school.

**STUDENT NAME:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**IMMUNIZATION HISTORY**

**REQUIRED IMMUNIZATIONS:**

Please list month, day and year for all immunizations the student has received.

**D.P.T.** Four required (if the fourth dose was received before the fourth birthday, a 5<sup>th</sup> dose is required)

Dates: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_ 5th: \_\_\_\_\_

**BOOSTER Tdap/Td** Date: \_\_\_\_\_

**POLIO** Three (if the third dose was received before the fourth birthday, a 4<sup>th</sup> dose is required, or if any Combination of OPV and IPV was administered, 4 doses are required)

Dates: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_

**MMR** Dates: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**MMR** (if given separately): Measles Date: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

Mumps Date: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

Rubella Date: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**VARICELLA (Chicken Pox)** (Two required) Date: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**HEPATITIS "B" SERIES** (Three required)

Dates: 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**MCV4 (Meningococcal)** (One required) Date: \_\_\_\_\_

**OTHER IMMUNIZATIONS NOT REQUIRED:**

Tuberculin Test: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Covid Vaccine:

Type: \_\_\_\_\_ Date/dose 1: \_\_\_\_\_ Date/dose 2: \_\_\_\_\_ Booster Date: \_\_\_\_\_

Other Vaccine Type: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_