

Does this child take medication on a regular basis? _____ Yes _____ No

If yes, list medication and possible side effects: _____

Does this medication need to be given at school? _____ Yes _____ No

If yes, list frequency and duration: _____

List any other health considerations needed for this child while in school: _____

Signature of Health Care Provider: _____ Date: _____

Address: _____

RECORD OF IMMUNIZATION

To be completed by Physician or other appropriate Health Care Provider

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
DTP					
Polio					N/A
Varicella		N/A	N/A	N/A	N/A
Measles			N/A	N/A	N/A
Mumps			N/A	N/A	N/A
Rubella		N/A	N/A	N/A	N/A
Hib				N/A	N/A
Hep B				N/A	N/A

State Law requires the following minimum doses:

- **5 DTP/DT Shots** (If 4th dose is after 4th birthday, 5th dose not required; for age 12+, must have had booster dose within past 5 years)
- **4 polio vaccine doses** (If 3rd dose is after 4th birthday, 4th dose is not required)
- **1 varicella dose** (on or after 1st birthday; not required when accompanied by documented history of chickenpox)
- **2 measles shots**
- **2 mumps shot**
- **1 rubella shots**
- **3 Hib doses** (2 doses if first dose received between 12-15 months; 1 dose if first dose received after 15 months; Not required for children older than 5) – DUE TO VACCINE SHORTAGE, REQUIREMENT IS TEMPORARILY SUSPENDED
- **3 Hep B doses** (for all children born after July 1, 1994)

I certify this child has received the immunizations as noted above.

Signature: _____ Title: _____

Exemptions from NC State Immunization Law requires that a statement be on file at school in the school's permanent record. Medical Exemption Religious exemption