

# ST. PAUL LUTHERAN SCHOOL

## Immunization Record



Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Diphtheria 1 \_\_\_\_\_

Diphtheria 2 \_\_\_\_\_

Diphtheria 3 \_\_\_\_\_

Oral Polio 1 \_\_\_\_\_

Oral Polio 2 \_\_\_\_\_

Oral Polio 3 \_\_\_\_\_

HIB 1 \_\_\_\_\_

HIB 2 \_\_\_\_\_

HIB 3 \_\_\_\_\_

Measles/Mumps/Rubella (MMR) 1 \_\_\_\_\_

Measles/Mumps/Rubella (MMR) 2 \_\_\_\_\_

Varicella (Chicken Pox) 1) \_\_\_\_\_ 2) \_\_\_\_\_

Hepatitis B 1 \_\_\_\_\_

Hepatitis B 2 \_\_\_\_\_

Hepatitis B 3 \_\_\_\_\_

HIB \_\_\_\_\_

(4 doses or 1 dose if given after 15 months of age)

Pneumococcal \_\_\_\_\_

(4 doses by 15 months if born after 01/01/08 or  
1 dose if given after 24 months)

Doctor's Name \_\_\_\_\_

Doctor's Signature \_\_\_\_\_