

STUDENT IMMUNIZATION FORM

STUDENT'S NAME: _____

BIRTHDATE: _____

PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

IMMUNIZATION HISTORY SERIES
(TO BE COMPLETED BY PHYSICIAN)

INITIAL SERIES	1			2			3			4			5			6			
	M O	DA Y	Y R	M O	DA Y	Y R	M O	DA Y	Y R	M O	DA Y	Y R	M O	DA Y	Y R	M O	DA Y	Y R	
DTaP/DT P/ DT/Td'																			
HIB																			
POLIO IPV/OPV																			
MMR																			
HEP. B																			
VARICE LLA or date of disease (Chicken Pox)																			
T.B. Test Results																			

- Student with MEDICAL IMMUNIZATION EXEMPTION** – Please have your **physician sign and complete** the MEDICAL IMMUNIZATION EXEMPTION FORM – MO 580-0807 and return it to the Miriam School Office.
- Student with RELIGIOUS IMMUNIZATION EXEMPTION** – Please sign and complete the RELIGIOUS IMMUNIZATION EXEMPTION FORM – MO 580-0959 and return to the Miriam School Office.
- Student with PARENT/GUARDIAN IMMUNIZATION EXEMPTION** – This form only applies to Pre-K students.

Physician Signature _____ Date _____

Please return completed form to:

Miriam School, 2845 N. Ballas Road, St. Louis, MO 63131

THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE NO LATER THAN THE FIRST DAY OF SCHOOL