



501 Bacon Avenue
 St. Louis, MO 63119
 Phone: 314-968-5225
 Fax: 314-968-7338

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			
	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	
DTaP/DTP/ DT/Td ¹																			
HIB																			
POLIO IPV/OPV																			
MMR																			
HEP. B																			
VARICELLA or date of disease (Chicken Pox)																			
T.B. Test Results																			
MCV (Meningococcal)																			

- 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 580-1723 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, 501 Bacon Avenue, St. Louis, MO 63119 (Fax: 314-968-7338)**

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