

7th-12th Grade Required Immunization Checklist 2024-2025 (you **MUST** download form before filling it out)

Date _____ Student Legal Name _____ Grade (2024-2025) _____
 (Last Name) (First Name)
 (contact) _____ (cell #1) _____ (cell #2) _____ (email) _____

Student attended school 2023-2024: In CISD In Texas Out-of-State

If applicable, name of any Conroe ISD school your child has ever attended in the past: _____

To Meet Texas Requirements for Public School Enrollment:

We must have documentation that the following immunizations have been administered prior to enrolling your child.
Please enter the dates that your child had each vaccine and return this form with a copy of your child's vaccination records.

Student's Date of Birth _____ Date of 1st Birthday _____ 4th Birthday _____
 (month/day/year) (month/day/year) (month/day/year)

Write or type the dates in the blanks provided.

Complete

	<p>DTaP # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____</p> <p>5 doses of DTaP - 1 dose must be received on or after the 4th birthday. ** 4 doses meet the requirement if 1 dose was received on or after the 4th birthday. **For students aged 7 years or older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday (dose given up to 4 days before 4th birthday is acceptable)</p> <p>Tdap Booster _____ (** 7th grade within 5 yrs; 8-12th grade within 10 years)</p>
	<p style="text-align: right;">5th dose optional</p> <p>Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____</p> <p>4 doses of Polio; 1 dose must be received on or after the 4th birthday. **3 doses meet the requirement if 1 dose was received on or after the 4th birthday (dose given up to 4 days before 4th birthday is acceptable)</p> <p><i>(Also called IPV, OPV, Kinrix, Pediarix, or Pentacel)</i></p>
	<p>MMR # 1 _____ 2 _____</p> <p>Both doses must have been received on or after the 1st birthday <i>(Also called MMRV, MMR, or MMR2)</i></p>
	<p>Varicella # 1 _____ 2 _____ OR had Chicken Pox disease _____</p> <p style="text-align: right;"><i>(month/year)</i></p> <p>Both doses must have been received on or after the 1st birthday <i>(Also called Varivax, MMRV, or MMR2)</i></p>
	<p>Hepatitis B* # 1 _____ 2 _____ 3 _____</p> <p>3 doses of Hepatitis B</p> <p><i>(Also called Hep B, Pediarix, Comvax, or HBV)</i></p> <p style="text-align: right;">* Hepatitis B is NOT the same as HIB (haemophilus influenzae B)</p>
PK-12th	<p>Hepatitis A # 1 _____ 2 _____</p> <p>Both doses must have been received on or after the 1st birthday (up to 4 days before 1st birthday is acceptable) <i>(Also called Hep A, Havrix, or HAV)</i></p>
7th-12th	<p>Meningococcal Conjugate #1 _____ One dose required on or after 11th birthday.</p> <p>NOTE: If a student receives the vaccine at age 10 years, this satisfies the requirement.</p> <p><i>(Also called MCV4, MenACWY, Menveo, Menactra, or Penbraya)</i></p>

Please email this COMPLETED form WITH A COPY of the immunization record to the school nurse at _____
 **Immunization records may only be periodically reviewed throughout the summer months by the campus nurse.