

# 7th-12th Grade Required Immunization Checklist 2023-2024 (you MUST download form before filling it out)

Date \_\_\_\_\_ Student Legal Name \_\_\_\_\_ Grade (2023-2024) \_\_\_\_\_  
 (Last Name) (First Name)  
 (contact) \_\_\_\_\_ (cell #1) \_\_\_\_\_ (cell #2) \_\_\_\_\_ (email) \_\_\_\_\_

Student attended school 2022-2023:

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