

**K - 6<sup>th</sup> GRADE REQUIRED IMMUNIZATIONS CHECKLIST 2017-2018**  
**AN ORIGINAL, OFFICIAL COPY OF THE IMMUNIZATION RECORD IS REQUIRED**

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_  
**(PLEASE PRINT)** (Last name) (First Name) (month / day / year)

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

New to Conroe ISD: YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, prior Conroe ISD Campus \_\_\_\_\_

**Diphtheria, Tetanus & Pertussis (DTaP/ DTP/DT/Td/Tdap):**

**Grades K- 6: Either of these options meets the state requirement**

- \_\_\_\_\_ Does the student have at least 4 doses with one dose **after** 4<sup>th</sup> birthday? **OR**
- \_\_\_\_\_ If the student is 7 years old or older, are there 3 doses with one **after** 4<sup>th</sup> birthday?

**Polio (IPV):**

**Grades K-6**

- \_\_\_\_\_ Does the student have at least 3 doses with one dose **after** the 4<sup>th</sup> birthday

**Measles, Mumps & Rubella (MMR or MMRV):**

**Grades K – 6**

- \_\_\_\_\_ Does the student have 2 MMRs both given after 1<sup>st</sup> birthday?

**Chicken Pox (Varicella or Varivax or V of MMRV):**

**Grades K – 6: Either of these options meets the state requirement**

- \_\_\_\_\_ Does the student have 2 doses of Varicella, both given **after** 1<sup>st</sup> birthday? **OR**
- \_\_\_\_\_ My child had chicken pox on (month) \_\_\_\_\_ (year) \_\_\_\_\_. If had chicken pox disease, does **NOT** need vaccine.

**Hepatitis A (HVA):**

**Grades K - 6**

- \_\_\_\_\_ Does the student have 2 doses of Hepatitis A, both given **after** 1<sup>st</sup> birthday?

**Hepatitis B (Hep B or HVB): (this is NOT the same as HIB)**

**Grades K – 6**

- \_\_\_\_\_ Does the student have 3 doses of Hepatitis B?

PARENT/GUARDIAN (signature) \_\_\_\_\_ DATE \_\_\_\_\_