

K - 6th 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** 4th birthday? **OR**
- _____ If the student is 7 years old or older, are there 3 doses with one **after** 4th birthday?

Polio (IPV):

Grades K-6

- _____ Does the student have at least 3 doses with one dose **after** the 4th birthday

Measles, Mumps & Rubella (MMR or MMRV):

Grades K – 6

- _____ Does the student have 2 MMRs both given after 1st 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** 1st 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** 1st 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 _____