

**PRE-K 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) PRE-K  
**(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):**

- \_\_\_\_\_ Does the student have at least 4 doses

**Polio (IPV):**

- \_\_\_\_\_ Does the student have at least 3 doses?

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

- \_\_\_\_\_ Does the student have 1 MMR given **after** 1<sup>st</sup> birthday?

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

- \_\_\_\_\_ Does the student have 1 dose of Varicella given **after** 1<sup>st</sup> birthday? **OR** Date of Chicken Pox Disease (no shot needed) \_\_\_\_\_  
Month Year

**Hepatitis A (Hep A or HVA):**

- \_\_\_\_\_ 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)**

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

**HIB : (REQUIRED FOR PRE-K, but not required after age 5 years)**

- \_\_\_\_\_ Does the student have 1 dose of HIB after age 15 months? **OR** 3 doses with 1 dose after age 12 months?

**PNEUMOCOCCAL (Prevnar or PCV) : (REQUIRED FOR PRE-K, but not required after age 5 years)**

- \_\_\_\_\_ Does the student have 1 dose after age 24 months? **OR** 3 doses with 1 dose after age 12 months? **OR** 2 doses after age 12 months?

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