

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** 1st birthday?

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

- _____ Does the student have 1 dose of Varicella given **after** 1st 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** 1st 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 _____