

PRE-K Required Immunization Checklist 2018-2019

Date _____ Student Legal Name _____ Grade (2018-2019) **PRE-K**
(Last Name) (First Name)
 (contact) _____ (cell #1) _____ (cell #2) _____ (email) _____

Student attended school 2017-18:

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

	Diphtheria / Tetanus / Pertussis # 1 _____ 2 _____ 3 _____ 4 _____ 4 doses of DTaP are required (Also called DTaP, Td, Tdap, Kinrix, Pediarix, Daptacel, or Pentacel)	Extra Doses: (not required for pre-K) #5 _____ #6 _____
	Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____ 3 doses of Polio are required (Also called IPV, OPV, Kinrix, Pediarix, or Pentacel)	Extra Doses: (not required for pre-K) #4 _____ #5 _____
	Measles / Mumps / Rubella # 1 _____ 1 dose of MMR <u>after</u> the 1st birthday (4 days before 1st birthday is acceptable) (Also called MMR or MMRV)	Extra Dose: (not required for pre-K) #2 _____
	Varicella # 1 _____ <u>OR</u> had Chicken Pox disease _____ <small>(approximate month/year)</small> 1 dose of Varicella <u>after</u> the 1st birthday (4 days before 1st birthday is acceptable) (Also called Varivax, VZ, or MMRV)	Extra Dose: (not required for pre-K) #2 _____
	Hepatitis B* # 1 _____ 2 _____ 3 _____ 3 doses of Hepatitis B (Also called Hep B, Pediarix, Comvax, or HBV)	* Hepatitis B is NOT the same as HIB (haemophilus influenzae B)
	Hepatitis A # 1 _____ 2 _____ 2 doses of Hepatitis A - both after 1st birthday (4 days before 1st birthday is acceptable) (Also called HAV)	

EXTRA REQUIRED IMMUNIZATIONS FOR PRE-K (but NOT required after 5 years)

HIB (haemophilus influenzae B) - 1 dose after 15 months **OR** 3 doses with 1 dose after 12 months
PNEUMOCOCCAL (Prevnar or PCV) - 1 dose after 24 months **OR** 3 doses with 1 dose after age 12 months **OR** 2 doses after 12 months

Please email this **COMPLETED** form **WITH A COPY** of the immunization record to the school nurse at cschulken@conroeisd.net. Immunization records will be periodically reviewed when the nurse is off June 2 - August 3, 2018. The nurse returns to campus on August 6, 2018.