

K - 6th Required Immunization Checklist 2023-2024 *(you MUST download form before filling it out)*

Date _____ Student Legal Name _____ Grade (2023-2024) _____
(Last Name) (First Name)
 (contact) _____ (cell #1) _____ (cell #2) _____ (email) _____

Student attended school 2022-23:

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

	<p>DTaP/Tdap # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____</p> <p>5 doses of DTaP - 1 dose must be received on or after the 4th birthday. ** 4 doses meet the requirement if 1 dose was received on or after the 4th birthday. **For students aged 7 years or older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday (dose given up to 4 days before 4th birthday is acceptable) <i>(Also called DTaP, Kinrix, Pediarix, Daptacel, or Pentacel)</i></p>
	<p style="text-align: right;">5th dose optional</p> <p>Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____ 4 _____ 5 _____</p> <p>4 doses of Polio; 1 dose must be received on or after the 4th birthday. **3 doses meet the requirement if 1 dose was received on or after the 4th birthday (dose given up to 4 days before 4th birthday is acceptable) <i>(Also called IPV, OPV, Kinrix, Pediarix, or Pentacel)</i></p>
	<p>MMR # 1 _____ 2 _____</p> <p>Both doses must have been received on or after the 1st birthday (up to 4 days before 1st birthday is acceptable) <i>(Also called ProQuad, "Measles, Mumps, Rubella", or MMRV)</i></p>
	<p>Varicella # 1 _____ 2 _____ or had Chicken Pox disease _____</p> <p style="text-align: right;"><small>(month/year)</small></p> <p>Both doses must have been received on or after the 1st birthday (up to 4 days before 1st birthday is acceptable) <i>(Also called Varivax, VZ, ProQuad, or MMRV)</i></p>
	<p>Hepatitis B* # 1 _____ 2 _____ 3 _____</p> <p>3 doses of Hepatitis B <i>(Also called Hepatitis B, Pediarix, Comvax, or HBV)</i></p> <p style="text-align: right;">* Hepatitis B is NOT the same as HIB (haemophilus influenzae B)</p>
	<p>Hepatitis A # 1 _____ 2 _____</p> <p>Both doses must have been received on or after the 1st birthday (up to 4 days before 1st birthday is acceptable) <i>(Also called Hep A, Havrix, or HAV)</i></p>

Please email this **COMPLETED** form **WITH A COPY** of the immunization record to the school nurse at _____.
 If enrolling as a new student for 2023-2024 during summer months, please note that immunization records may only be periodically reviewed every few weeks. Check with your physician, or use this worksheet to see what immunizations will be needed to start school. If you need a "walk-in", low cost immunization clinic, you can try **Express Family Clinic, 610 Rayford Rd., Suite 644, Spring, TX 77386.**

ALWAYS CHECK WITH YOUR PHYSICIAN TO MAKE SURE YOU HAVE THE MOST UP-TO-DATE IMMUNIZATION RECORD BEFORE GETTING A VACCINE