

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

Date _____ Student Legal Name _____ Grade (2023-2024) **PRE-K**
(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>Diphtheria / Tetanus / Pertussis</p> <p># 1 _____ 2 _____ 3 _____ 4 _____</p> <p>4 doses of DTaP are required <small>(Also called DTaP, Td, Tdap, Kinrix, Pediarix, Daptacel, or Pentacel)</small></p>	<p>Extra Doses: <small>(not required for pre-K)</small></p> <p>#5 _____</p> <p>#6 _____</p>
	<p>Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____</p> <p>3 doses of Polio are required <small>(Also called IPV, OPV, Kinrix, Pediarix, or Pentacel)</small></p>	<p>Extra Doses: <small>(not required for pre-K)</small></p> <p>#4 _____</p> <p>#5 _____</p>
	<p>Measles / Mumps / Rubella # 1 _____</p> <p>1 dose of MMR after the 1st birthday (4 days before 1st birthday is acceptable) <small>(Also called ProQuad, "Measles, Mumps, Rubella", or MMRV)</small></p>	<p>Extra Dose: <small>(not required for pre-K)</small></p> <p>#2 _____</p>
	<p>Varicella # 1 _____ OR had Chicken Pox disease _____</p> <p><small>(approximate month/year)</small></p> <p>1 dose of Varicella after the 1st birthday (4 days before 1st birthday is acceptable) <small>(Also called Varivax, VZ, ProQuad, or MMRV)</small></p>	<p>Extra Dose: <small>(not required for pre-K)</small></p> <p>#2 _____</p>
	<p>Hepatitis B* # 1 _____ 2 _____ 3 _____</p> <p>3 doses of Hepatitis B <small>(Also called Hep B, Pediarix, Comvax, or HBV)</small></p>	<p>* Hepatitis B is NOT the same as HIB (haemophilus influenzae B)</p>
	<p>Hepatitis A # 1 _____ 2 _____</p> <p>2 doses of Hepatitis A - both after 1st birthday (4 days before 1st birthday is acceptable) <small>(Also called Hep A, Havrix, or HAV)</small></p>	

EXTRA REQUIRED IMMUNIZATIONS FOR PRE-K (HIB and Pneumococcal NOT required after 5 years old)**

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 _____.
 If enrolling as a new student next school year during summer months, immunization records will only be periodically reviewed every few weeks.
 If you need a "walk-in", low cost immunization clinic, you can try **Express Family Clinic, 610 Rayford Rd., Suite 644, Spring, TX 77386.**