

PRE-K Required Immunization Checklist 2024-2025 (you MUST download form before filling it out)

Date _____ Student Legal Name _____ Grade (2024-25) **PRE-K or EE**
(Last Name) (First Name)
 (contact) _____ (cell #1) _____ (cell #2) _____ (email) _____

Student attended school 2023-24:

In CISD	In Texas	Out-of-State
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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 <u>Extra Doses:</u> (not required for pre-K)</p> <p># 1 _____ 2 _____ 3 _____ 4 _____ #5 _____ 4 doses of DTaP are required (Also called DTaP, Td, Tdap, Kinrix, Pediarix, Daptacel, or Pentacel) #6 _____</p>
	<p>Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____ <u>Extra Doses:</u> (not required for pre-K)</p> <p>3 doses of Polio are required #4 _____ (Also called IPV, OPV, Kinrix, Pediarix, or Pentacel) #5 _____</p>
	<p>Measles / Mumps / Rubella # 1 _____ <u>Extra Dose:</u> (not required for pre-K)</p> <p>1 dose of MMR after the 1st birthday (4 days before 1st birthday is acceptable) #2 _____ (Also called ProQuad, "Measles, Mumps, Rubella", or MMRV)</p>
	<p>Varicella # 1 _____ OR had Chicken Pox disease _____ <small>(approximate month/year)</small></p> <p>1 dose of Varicella after the 1st birthday (4 days before 1st birthday is acceptable) <u>Extra Dose:</u> (not required for pre-K) (Also called Varivax, VZ, ProQuad, or MMRV) #2 _____</p>
	<p>Hepatitis B* # 1 _____ 2 _____ 3 _____ * Hepatitis B is NOT the same as HIB (haemophilus influenzae B)</p> <p>3 doses of Hepatitis B (Also called Hep B, Pediarix, Comvax, or HBV)</p>
	<p>Hepatitis A # 1 _____ 2 _____</p> <p>2 doses of Hepatitis A - both after 1st birthday (4 days before 1st birthday is acceptable) (Also called Hep A, Havrix, or HAV)</p> <p>EXTRA REQUIRED IMMUNIZATIONS FOR PRE-K (**HIB and Pneumococcal NOT required after 5 years old)</p>

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](#).