

PERKIOMEN VALLEY SCHOOL DISTRICT HEALTH SERVICES DEPARTMENT
2016/2017 REQUIRED IMMUNIZATIONS FOR ALL STUDENTS
K – 12 AND FOR 7th GRADE STUDENTS

YOUR CHILD WILL NOT BE PERMITTED TO ATTEND SCHOOL ON THE FIRST DAY WITHOUT PROOF OF THESE REQUIRED IMMUNIZATIONS:

Dear Parent/Guardian:

Pennsylvania School Law requires that all children attending grades K - 12 have the following immunizations prior to attending school. Children attending 7th Grade also need additional immunizations. **This completed form must be presented or you may not register your child.** If the form is not signed by your physician, you must bring proof of immunization such as a baby book or immunization passport.

<u>STUDENT'S NAME</u>	<u>BIRTH DATE</u>	<u>GRADE</u>
<u>VACCINE</u>	<u>NUMBER OF DOSES REQUIRED BY LAW</u>	<u>DATES GIVEN</u>
DPT or DT* (Diphtheria, Pertussis, Tetanus)	4 doses	#1 _____ #2 _____ #3 _____ #4 _____
		BOOSTERS _____
	*One DT Booster <u>must</u> be given after four (4) years of age	
POLIO	3 dose	#1 _____ #2 _____ #3 _____
		BOOSTERS _____
HEPATITIS B	3 doses	#1 _____ #2 _____ #3 _____
MMR* (or 2 doses Measles, 2 doses Mumps and 1 dose Rubella)	2 doses	#1 _____ #2 _____
*MMR must be given <u>after</u> one (1) year of age.		
VARICELLA* (Chickenpox)	2 doses	#1 _____ #2 _____
or Varicella (Chickenpox) Disease - Age of Child when he/she had Chickenpox		_____
*Varicella Vaccine must be given <u>after</u> one (1) year of age.		

FOR 7th GRADE STUDENTS ONLY:

TDAP*	1 dose	#1 _____
*1 dose if 5 years has elapsed since last tetanus immunization		
MCV (Meningococcal conjugate vaccine)	1 dose	#1 _____

_____ Signature of Physician	_____ Date		
_____ Address	_____ City	_____ State	_____ Zip
(_____) _____ Telephone Number	_____ Verified by School Nurse	_____ Date	