

Kidland Immunization Record

Student Name

Birthdate

Place of Birth

Race/Ethnicity:

Name of Parent or Guardian

Telephone City ZIP

VACCINE	DATE EACH D		
	1st	2nd	
POLIO (OPV or IPV)			
(Diphtheria, tetanus and DTP/DTaP/DT/Td [acellular] pertussis OR Tetanus and diphtheria only)			
MMR (Measles, mumps, and rubella)			
HIB (Required only for child care and preschool)			
HEPATITIS B			
VARICELLA (Chickenpox)			
HEPATITIS A (Not required)			

Parent Signature:

Date: