

All "NEW" students must return form completed. Physician's signature is mandatory. Returning students need only to update records.

CORTLAND CHRISTIAN ACADEMY
Immunization Records

Last Name	First Middle	Birthdate	Sex
Home Address		Telephone	
School Presently Attending			

State Immunization Requirements

Diphtheria: Three or more doses of diphtheria toxoid (DTaP, DTP, DT, Td). After the seventh birthday, adult type Td is usually substituted for DTP, but any of these products fulfills the diphtheria requirement.

Polio: Three or more doses of polio vaccine (EIPV or OPV).

Measles: Either one dose of live measles vaccine administered on or after the first birthday or documentation of physician diagnosed measles disease or serologic evidence of immunity for students born before 01/01/85. All students born on or after 01/01/85 in Kindergarten or higher grade must have **two** doses of vaccine, serologic evidence or immunity or documentation of physician diagnosed measles disease.

Rubella: Either one dose of live rubella vaccine administered on or after the first birthday or serologic evidence of immunity.

Mumps: Either one dose of live mumps vaccine administered on or after the first birthday or a documentation of physician diagnosed mumps disease or serologic evidence of immunity.

HEP B: All children who were born on or after January 1, 1993 and are entering Kindergarten or higher must have **three** doses of hepatitis B vaccine.

VARCELLA (Chicken Pox) Born on or after 1/1/1998 or born on or after 1/1/94 and enrolling in 6th grade
– 1 dose

PLEASE ENTER DATES OF IMMUNIZATION

DTP/Td
(Diphtheria, Tetanus, Pertusses)

1. _____
2. _____
3. _____
4. _____
5. _____

Polio
TOPV (sabin) or IPV (Salk)

1. _____
2. _____
3. _____
4. _____
5. _____

MEASLES
1. _____

RUBELLA
1. _____

MMR
1. _____
2. _____

MUMPS
1. _____

SMALL POX
1. _____

HIB
1. _____

HEP B
1. _____
2. _____
3. _____

VARICILLA (Chicken Pox)
1. _____

2. _____
3. _____

BODY MASS INDEX _____

OPTIONAL TESTS

DATE

RESULT

Sickle Cell Test

Lead Test

Tuberculin Test

Immunization is completed as required by New York State Law. Dates are included above. This page of the immunization record MUST be signed by your physician!

I hereby agree to submit additional certification when immunization is complete. I understand that my child will be excluded from school if full certification has not been received by the school within ten school days of the date specified by the examining physician.

Signature of Parent/Guardian

Date

Signature of Physician

Date

Print Name of Examining Physician