

## INSTRUCTIONS: APPLIES TO ALL NEW STUDENTS, KINDERGARTEN, GRADE 7 AND GRADE 12 STUDENTS.

Please provide health room with a copy of students most recent immunization records OR have your doctor's office complete below form.

### STUDENT

**First:** \_\_\_\_\_  
**Last:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### PARENT

**Father's Name:** \_\_\_\_\_  
**Father Cell:** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_  
**Mother Cell:** \_\_\_\_\_

### VACCINE-SPECIFIC REQUIREMENTS

North Carolina General Statutes (G.S. 130-A-152(a)) require immunizations for every child attending public, private or religious school present in this state to be signed by a Physician or Health Officer. This certificate **MUST** be completed on file within 30 calendar days of the child's first school day after which the child **CANNOT** attend school.

#### STATE LAW CURRENTLY REQUIRES THE FOLLOWING MINIMUM DOSES:

VACCINE	# OF DOSES REQUIRED
Diphtheria, tetanus and pertussis	5 doses
Polio	4 doses
Pneumococcal	4 doses
Measles	2 doses
Mumps	2 doses
Rubella	1 dose

VACCINE	# OF DOSES REQUIRED
Haemophilus Influenzae Type B	4 doses
Hepatitis B	3 doses
Varicella	2 doses
Meningococcal (Grade 7 & 12)	2 doses
Tdap Booster (Grade 7)	1 dose

VACCINE	#1	#2	#3	#4	#5
DTP/DTaP					
DT					
OPV					
HIB					
MMR					
Measles					
Mumps					
Rubella					
Hep B					
Varicella					
Tdap (Booster)					
MCV					

➔ **PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (required)  
**PHYSICIAN NAME PRINTED:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**NAME OF CLINIC/PRACTICE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Please print or stamp the address and phone number.