

THREE VILLAGE CENTRAL SCHOOL DISTRICT IMMUNIZATION CERTIFICATE

Name of Student _____ Date of Birth _____

School _____ Grade _____

For vaccines given in combination, please list each component

DTaP

1	2	3	4	5
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Tdap

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DT or dT

1	2	3	4	5
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IPV

1	2	3	4	5
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HIB

1	2	3	4
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VARICELLA

1	2
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Hx of Disease

Month	Year
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MMR

1	2
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MEASLES

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MUMPS

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RUBELLA

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HEPATITIS B

1	2	3
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HEPATITIS A

1	2
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GARDASIL

1	2	3
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MENACTRA

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SIGNATURE OF PHYSICIAN OR CERTIFYING AUTHORITY

DATE

STAMP