



ST. DOMINIC SAVIO

CATHOLIC HIGH SCHOOL

Student's Name _____ Date of Birth _____

Print name please

Class of _____

IMMUNIZATION RECORD 2019-2020

For the protection of the entire student body + staff, students are not permitted to attend class without current immunizations.

*Minimum Immunization Requirements are listed in the chart below.

Dates of vaccines must include:(month/day/year)

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT/Td						
Tdap						
OPV/IPV						
MMR						
Hepatitis B						
Varicella (C-pox)			Date of Disease: _____ Parent Signature: _____			
Meningococcal MCV4						
Hepatitis A						

Required: Physician Signature or Official Clinic Seal

Date

Required: Print Physician Name

Printed address of physician office

Texas State Dept. of Health Services **MINIMUM** Immunization Requirements 9th - 12th

Tetanus: 3 doses of DTP, or DTaP, DT, or Td with one on/after 4th birthday **AND**

Tdap: 1 dose of Tdap is required within the last 10 years. Td is acceptable in lieu of Tdap with a documented medical contraindication to Pertussis.

Polio: 3 doses of Polio with one dose on/after 4th birthday **OR** 4 doses of a documented combination of IPV and OPV. (Polio not required if 18 or older)

Measles/ Mumps/ Rubella: 2 doses of MMR on/after the 1st birthday required

Hepatitis B: 3 doses of Hepatitis B. If received first dose after age 11 yrs then 2 doses of adult hepatitis B vaccine is acceptable IF dose and type of vaccine are clearly documented (2 doses of Recombivax 10mcg/ml).

Varicella: 2 doses required. If student had disease – parent to fill in box on right side of page above with date of disease and parent signature.

Meningococcal - MCV4 (quadravalent) : 1 dose required on/after the 11th Birthday

9th – 10th Grades: 2 doses of Hepatitis A with one given on or after the 1st Birthday.

*Doses of DTaP and Polio administered month of or prior to 4th birthday are acceptable for students in grades 6 –> 12.

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Vision/ Hearing/Spinal Screening: **MINIMUM** Requirements 9th – 12th

1. **Vision and Hearing:** All new students to Savio are required to have vision + hearing screening. It is offered at school in the fall. However, the minimum requirement allows you to use results from 7th or 8th grade if it is an official record with full name, DOB, chart used, screener, screening date and results as stated below. **Vision:** must submit visual acuity for right and left eyes recorded separately with students full name, DOB, which chart used, results/eye, screener signature, date. **Hearing:** must submit an audiometric screening done on R and L ear separately at 25 dB(or less) at 1000, 2000, and 4000 Hz . An Otoacoustic Emissions Test is **not** accepted by TDOH as a hearing test. Hearing must have the same documenta as the Vision screening with DOB, results, screener + signature and date.

2. **Spinal Screening:** required in 6th and 9th grade. If done elsewhere must submit an official record with full name, DOB, screener, screening date and results .Spinal screening must be recoded as "passed" OR failed and referred".

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