



ST. DOMINIC SAVIO

CATHOLIC HIGH SCHOOL

Student's Name _____ Date of Birth _____
 Print name please

Class of _____

IMMUNIZATION RECORD

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

Diphtheria/Tetanus/Pertussis: 5 doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the fourth dose was received on or 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: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the third dose was received on or after the 4th birthday.

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

Hepatitis A: 2 doses with one given on or after the 1st Birthday.

*Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

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

1. **Vision and Hearing:** All new students to St. Dominic Savio are required to submit records of vision and hearing screenings. The minimum requirement allows you to use results from 7th or 8th grade if it is an official record. **Vision:** must submit record for distance acuity for right and left eyes recorded separately. Report must include student's full name, DOB, chart used, results, screener signature, and date. **Hearing:** must submit record of audiometric screening done on right and left ears separately at the 25dB at 1000, 2000, and 4000Hz. Report Must include student's full name, DOB, chart used, results, screener signature, and date. An Otoacoustic test is not accepted.

2. **Spinal Screening:** All incoming male 9th grade students are required to submit record of spinal screening. The minimum requirement allows submission of results from 8th grade spinal screening. Record must include student's full name, DOB, chart used, results, screener signature, and date.

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