



# ST. DOMINIC SAVIO

## CATHOLIC HIGH SCHOOL

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Print name please

Class of \_\_\_\_\_

### IMMUNIZATION RECORD 2020-2021

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 9<sup>th</sup> - 12<sup>th</sup>

**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 11<sup>th</sup> Birthday

**9<sup>th</sup> – 10<sup>th</sup> Grades:** 2 doses of Hepatitis A with one given on or after the 1<sup>st</sup> 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 9<sup>th</sup> – 12<sup>th</sup>

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 7<sup>th</sup> or 8<sup>th</sup> 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 6<sup>th</sup> and 9<sup>th</sup> 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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