



'Iolani School

IMMUNIZATION RECORD

In lieu of filling in immunization dates below you may attach the physicians immunization summary generated by your electronic medical record.

***REQUIRED (FORM MUST BE COMPLETED IN ITS ENTIRETY WITH PHYSICIANS SIGNATURE IN ORDER TO BE VALID)**

***STUDENT NAME**

LAST NAME	FIRST NAME	MI
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***DATE OF BIRTH**

MM/DD/YYYY

TYPE OF VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Name of Vaccine Tetanus, Diphtheria, Pertussis					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine DTP, DtaP, DT, Td, Tdap					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine Polio (IPV, OPV)					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine MMR (combo)					
Measles	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Mumps	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Rubella	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine Hepatitis B					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine Hepatitis A					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine Meningococcal					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine HPV					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Name of Vaccine Varicella					
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Immunity Secondary to Illness	Date of Illness: _____		Practitioner's Signature: _____		

PHYSICIAN: I hereby certify that the above information and/or attached documentation of the student named above has been reviewed by me and is accurate to the best of my knowledge.

*Signature of U.S. Licensed Practitioner
(MD, DO, PA, APRN)

*Date Signed Printed/Stamped Name and Phone
Number

SIGNATURE REQUIRED

Immunization requirements for ALL 'Iolani School students

Vaccine	Number of Doses	Minimum Time Interval
Diphtheria, Tetanus, Pertussis (DTaP or DTP)	5 doses	1st dose: Not given before age 6 weeks 2nd dose: 4 weeks after first dose 3rd dose: 4 weeks after second dose 4th dose: 6 months after third dose and not before age 12 months 5th dose: Not before age 4 years
Tdap <required for 7th grade>	1 dose	1 dose: Not before age 11 years
Polio (IPV, OPV or combination)	4 doses	1st dose: Not before age 6 weeks 2nd dose: 4 weeks after first dose 3rd dose: 4 weeks after second dose 4th dose: 4 weeks after third dose
Measles, Mumps, Rubella (MMR)	2 doses	1st dose: Not given before age 12 months 2nd dose: 4 weeks after the first dose <i>At least 1 of the 2 doses must be the MMR combination vaccine</i>
Hepatitis A (Hep A) <required for Kindergarten>	2 doses	1st dose: Not given before age 12 months 2nd dose: 6 months after 1st dose
Hepatitis B (Hep B)	3 doses	1st dose: Birth 2nd dose: 4 weeks after first dose 3rd dose: 8 weeks after second dose and 4 months after the first dose but not before age 6 months
Varicella (chickenpox)	2 doses	1st dose: Not given before age 12 months 2nd dose: 12 weeks after 1st dose (for students aged 12 months to 12 years) 4 weeks after 1st dose (for students ages 13 years and older)
Meningococcal (MenACWY) <required for 7th grade>	1 dose	1 dose: Not before age 10 years
Human Papillomavirus Vaccine (HPV) <required for 7th grade>	2 doses	1st dose: Not given before age 9 years 2nd dose: 5 months after 1st dose