



IMMUNIZATION RECORD

The following immunization record must be completed, and signed by a U.S. licensed practitioner (MD, DO, APRN or PA), based on the requirements indicated in Table 1 below. If requirements are not met, student will NOT be eligible to attend school.

STUDENT NAME:				DOB:		
DTP, DTaP, DT OR Td		Polio: OPV or IPV		MMR	Hepatitis B	Hepatitis A
Type	Date	Type	Date	Date	Date	Date
1		1		1	1	1
2		2		2	2	
3		3			3	
4		4				
5						
Varicella			Meningitis	HPV	OTHER	
Date			Date	Date	Type	Date
1	2		1	1		
Immunity secondary to illness: date of illness: _____			2	2		
Practitioner's Signature: _____				3		

Immunization Requirements

The following requirements are in compliance with Hawaii State Law. Documentation of immunity by serologic testing signed by practitioner is acceptable. Age, spacing of immunizations, exemptions and exceptions to these requirements will be evaluated as per the rules set forth in the Hawaii Administrative Rules, Title 11, Chapter 157.

Table 1 - 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
Polio (IPV, OPV or any combination)	4 doses	1st dose: Not before age 6 weeks 2nd dose: 4 weeks after first dose 3rd dose: 4 weeks after second 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 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)	1-2 doses	1st dose: Not given before age 12 months 2nd dose: 4 weeks after the first dose <i>*IF first dose is administered on or after the 13th birthday second dose is required</i>

PHYSICIAN: I hereby certify that the above information has been reviewed and is accurate to the best of my knowledge.