

Immunization Record

The State of New Hampshire and Brewster Academy have the following immunization requirements. This completed record must be submitted prior to the student's arrival at Brewster Academy Summer Session. All immunizations must be completed prior to student's arrival.

REQUIREMENTS:

- Diphtheria, Tetanus, Pertussis (DTP):** 3 or more doses; 1 dose must be after the child's fourth birthday.
 - Tetanus, Diphtheria (Td or Tdap):** booster within 10 years.
 - Polio (OPV/IPV):** 3 doses with the last dose after the child's fourth birthday or 4 doses regardless of age given.
 - Measles, Mumps, Rubella (MMR):** first dose on or after 1 year of age, second dose at least 30 days after first.
 - Varicella (chicken pox vaccine):** One dose or documented history of disease.
 - Hepatitis B Vaccine:** three doses required if born on or after 1/1/93.
 - Tuberculosis test (TB):** TB skin test must be within **6 months** of attendance at BASS.
- *We recommend (but don't require) meningococcal vaccine and HPV vaccine (females only)

RECORD: (Must include month/day/year)

Name of student: _____ Birth date: _____

Name of person completing this form: _____

DPT: 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___ 4th ___/___/___ 5th ___/___/___

Td or Tdap booster (Please specify). 1st ___/___/___ 2nd ___/___/___

Polio (OPV/IPV): 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___ 4th ___/___/___

MMR: 1st ___/___/___ 2nd ___/___/___

MMR (if doses given separately): Measles: 1st ___/___/___ 2nd ___/___/___

Mumps: 1st ___/___/___ 2nd ___/___/___

Rubella: 1st ___/___/___ 2nd ___/___/___

Chicken Pox: Vaccination ___/___/___ Disease ___/___/___

TB test (circle one) neg pos date ___/___/___ (circle one) Mantoux/PPD Tine
mm. induration _____ If positive, chest x-ray results _____

***Hepatitis B:** 1st ___/___/___ 2nd ___/___/___ 3rd ___/___/___