

WARREN COUNTY R-3 SCHOOL DISTRICT  
 CERTIFICATE OF IMMUNIZATION STATUS 10-11 SCHOOL YEAR

PUPIL'S LAST NAME      FIRST NAME      M. I.      BIRTHDATE      AGE      GRADE

Please fill in immunization information below for our records

Office Use Only

VACCINE	DATE GIVEN MO/DAY/YR	MISSOURI STATE LAW REQUIRES:	TO BE IN COMPLIANCE:
DPT	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<b>DIPHTHERIA:</b> Series of at least 3 with the last given on or after 4 years of age, (or a total of 6 accepted) <b>PERTUSSIS:</b> required for all students under 6 <b>TETANUS:</b> Required for all students Kind. – 12 <sup>th</sup> .	Immunizations Needed: # _____ Given by: _____ Date: _____
POLIO	1. _____ 2. _____ 3. _____ 4. _____	<b>ORAL POLIO (OPV):</b> Series of at least 3 with the last given on or after 4 years of age (or a total of 4 accepted).	Immunizations Needed: # _____ Given by: _____ Date: _____
MMR MMR MEASELS MUMPS RUBELLA	1. _____ 2. _____ 1. _____ 1. _____ 1. _____	<b>MEASELS:</b> Requires 2 doses after 1 year of age. <b>MUMPS:</b> Requires 1 dose after 1 year of age. <b>RUBELLA:</b> Requires 1 dose after 1 year of age.	Immunizations Needed: # _____ Given by: _____ Date: _____
VARICELLA	1. _____ <b>OR</b> Date of disease _____	<b>VARICELA (Chicken Pox):</b> Requires 1 dose or proof of disease	Immunizations Needed: # _____ Given by: _____ Date: _____
HEP B	1. _____ 2. _____ 3. _____	Required for 4 <sup>th</sup> and 5 <sup>th</sup> grade.	Immunizations Needed: # _____ Given by: _____ Date: _____
HIB	1. _____ 2. _____ 3. _____	<b>HIB</b> (Haemophilus b) at least 1 dose (if given at 15 months or older) is required for pre-kindergarten (ECSE) program. If under 15 months – 2 <sup>nd</sup> shot is required.	Immunizations Needed: # _____ Given by: _____ Date: _____