PLEASE NOTE:
NOT VALID WITHOUT A DOCTOR'S SIGNATURE

CERTIFICATE OF IMMUNIZATION

Michigan state law requires all students attending school in this state be immunized and the record be completed on this form. **This completed form must be submitted to the School Nurse before the student arrives on campus. Any student who does not have this form completed *will not* be admitted to school.**

Student's Last Name First Name M.I.

Address City State Zip

MO:_____DAY:_____YEAR:_____ _____
DATE OF BIRTH County

Parent/Guardian in charge of immunizations (Please include address, if different from above):

(_____)_____ (_____)_____
Home Phone Work Phone

DIPTHERIA, TETANUS, & PERTUSSIS
4 doses are required. If a dose was not given in the last 10 years, a booster does of TD is required.

/ /	/ /	/ /	/ /	/ /

POLIO
3 doses are required.

/ /	/ /	/ /	/ /

HEPATITIS B
3 doses are required.

/ /	/ /	/ /	/ /

MEASLES/MUMPS/RUBELLA (mmr)
2 doses are required.

/ /	/ /	/ /

VARICELLA (Chicken pox)
2 doses are required.

/ /	/ /

Has your son had Chicken Pox? YES_____ NO_____If yes, WHEN_____AGE_____
Varicella (Chicken pox) Vaccine is now required if your son has not had chicken pox.

MENINGITIS VACCINE
1 dose is mandatory.

/ /

To the best of my knowledge, this child has received the required immunizations.

_____ _____
Physician's signature Date

PHYSICIAN: DO NOT SIGN UNLESS THE MINIMUM REQUIRED DOSES ARE COMPLETE.