

**IMMUNIZATION REPORT  
GREEN MEADOW WALDORF SCHOOL**

Note: If a specific vaccine is medically contraindicated, a separate written statement must be attached.  
 MD diagnosis of having had a specific disease is acceptable.  
 Antibody titers that demonstrate immunity are acceptable. The lab report must be attached.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

VACCINE/DOSE	1st Dose	2nd Dose	3rd Dose	4th Dose	Booster
	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR
DTaP, IPV, Hep B (Pediarix)					
DTP or DTaP (Diphtheria, Tetanus & Pertussis)					
T-dap (Boostrix) <b>+++</b>					
IPV (Inactivated Polio)					
OPV (Oral Polio)					
Hib (Haemophilus Influenzae B)					
Hepatitis B (HB)					
Comvax (Hib and HB)					
MMR (Measles, Mumps & Rubella)					
Measles (Rubeola)					
Rubella					
Mumps					
Proquad (MMR & Varicella)					
Varicella					
PCV (Pneumococcal) <b>++</b>					

Note: **+++ booster for children age 11 and over**  
 Note: **++** Born after 1/1/08 4 doses

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_