



## IMMUNIZATION HISTORY FOR INTERNATIONAL STUDENTS

*(Please print clearly in English)*

Please indicate the dates when your child received the following immunizations.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*year / month / day*

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

	1 <sup>st</sup> dose YYYY/MM/DD	2 <sup>nd</sup> dose YYYY/MM/DD (If Applicable)	3 <sup>rd</sup> dose YYYY/MM/DD (If Applicable)	4 <sup>th</sup> dose YYYY/MM/DD (If Applicable)	5 <sup>th</sup> dose YYYY/MM/DD (If Applicable)
TETANUS					
DIPHTHERIA					
PERTUSSIS (Whooping Cough)					
POLIO					
HAEMOPHILUS INFLUENZAE type B					
MEASLES (Rubeola)					
MUMPS					
RUBELLA (German Measles)					
HEPATITIS B					
VARICELLA (Chickenpox)					
MENINGOCOCCAL C					
PNEUMOCOCCAL					
OTHER:					