

VERIFICATION OF IMMUNIZATION

Student's Name: _____ Date of Birth: ____ - ____ - ____
Mo - Da - Yr

Sport: _____

Doctor: If the student has not received the required doses described in the attached sheet, administer as appropriate, and sign and date.

I certify that the above named student has received the immunizations listed below.

Type Vaccine	Date (MO/DA/YR)	Date (MO/DA/YR)	Date (MO/DA/YR)	Date (MO/DA/YR)	Date (MO/DA/YR)
DTP (Diphtheria, Tetanus , Pertussis)					
DT (Diphtheria, Tetanus)					
Polio					
Hepatitis B					
MMR (Measles, Mumps, & Rubella)					
Measles (individual)					
Mumps (individual)					
Rubella (individual)					

Date of last Tetanus Booster: _____

Physician or Authorized Signature

Date

Permanent Medical Exemption

I certify that the physical condition of this student is such that immunization(s) is medically contradicted. List vaccine(s) and state valid clinical reasoning or evidence for exemption:

 Physician or Authorized Signature

 Date

Immunization Policy
Academic Year 2018-2019



All students, full and part time, born after 1956, are required to have appropriate immunization documents on file in the Health Services Office.

According to the Florida State Health Department the following immunizations are required prior to entering the school program.

1. **Tetanus** – 5 doses required, the last of which should be within the past 10 years.
2. **Polio** – 4 doses required. This omitted from the required immunizations for people 18 years or older.
3. **Hepatitis B** – 3 doses required.
4. **MMR** (measles, mumps, rubella) – 2 doses required or 1 each if administered individually.