

**BLUFFTON-HARRISON MSD
PRESCHOOL IMMUNIZATION RECORD**

Student Name _____ Birth Date _____

IMMUNIZATION RECORD

Parents are responsible for providing immunization records to the school before the student attends school. Immunizations are required for enrollment in Preschool by the Indiana State Department of Health. The only exceptions are if the student has a medical or religious exemption on file with the school. (The exemption must be filed every school year.) The following are the **minimum immunizations for students enrolled in preschool:**

- 4 Diphtheria-Tetanus-Pertussis (DTaP/DTP)
- 3 Polio (IPV/OPV)
- 1 Measles, Mumps, Rubella (MMR);
- 3 Hepatitis B
- 1 Varicella (or history of chickenpox disease including date of disease)

PROVIDE MONTH-DAY-YEAR FOR ALL IMMUNIZATIONS

DTaP/DTP #1 _____ #2 _____ #3 _____ #4 _____

IPV/OPV #1 _____ #2 _____ #3 _____

MMR #1 _____

Hepatitis B Vaccine #1 _____ #2 _____ #3 _____

Varicella #1 _____ **or** date (month and year) of chicken pox **disease** _____

Date _____ Physician or Health Department Signature _____