North Adams Community Schools

625 Stadium Drive
Decatur, IN 46733
Excellence: Teach it, Model it, Inspire it, Achieve it!

KINDERGARTEN IMMUNIZATION CHECKLIST

Name_____ Date of Birth_____ School_____

Immunization Requirements	Has	Need	Date
DTP, DTaP, or DT, Tdap Td #1			
DTP, DTaP, or DT, Tdap, Td #2			
DTP, DTaP, or DT, Tdap, Td #3			
DTP, DTaP, or DT, Tdap, Td #4			
DTP, DTaP, or DT, Tdap, Td #5			
OPV or IPV #1			
OPV or IPV #2			
OPV or IPV #3			
OPV or IPV #4			
MMR #1			
MMR #2			
Hepatitis B #1			
Hepatitis B #2 (1 month after #1)			
Hepatitis B #3 (6 months after #2)			
Varicella #1			
Varicella #2			
Hepatitis A #1			
Hepatitis A #2			

History of Chicken Pox Disease: Yes _____ No _____

Date of Chicken Pox Disease (if applicable) _____

Physician Signature _____

**** 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday. 3 doses of Polio vaccine are acceptable if 3rd dose was administered on or after child's 4th birthday and the three doses are all IPV or all OPV. ***The 3rd or 4th Polio vaccine must be given on or after the child's 4th birthday."***

Please have your child's immunizations brought up to date and this form completed by your doctor or clinic. PLEASE TAKE YOUR CHILD'S SHOT RECORD WITH YOU WHEN YOU GO TO GET THEIR SHOTS. Turn this form in to the school nurse on or before the first day of school.