



Immunization Record to be completed, signed and dated by Health Care Provider

Name of Student _____

Date of Birth (MM/DD/YYYY) _____

Immunization Requirements

Pupils enrolled in kindergarten through grade 12 (in Maine) are required to have written proof on file at their public or nonpublic school that they have been immunized against DPT (diphtheria, pertussis, tetanus,) poliomyelitis, measles, mumps, rubella and varicella.

Failure to do so is cause for exclusion from school. Required immunizations may vary from state to state.

Minimum Immunization Requirements:

5 DPT (4 DPT if given on or after 4th birthday)

4 Polio (if 4 doses are given before the 4th birthday, an additional dose should be given on or after the 4th birthday)

2 MMR (measles, mumps, rubella – given after 12 months of age)

1 Varicella (children age 13 and over with no reliable history of chicken pox or vaccination should receive 2 doses given at least 4 weeks apart)

**Immunization Record
Required Immunizations**

DPT	1.	2.	3.	4.	5.	Booster if required
	Date	Date	Date	Date	Date	
Polio	1.	2.	3.	4.	Booster if required	
	Date	Date	Date	Date	Date	
Measles	1.	2.				
	Date	Date	Date of Disease			
Mumps	1.	2.				
	Date	Date	Date of Disease			
Rubella	1.	2.				
	Date	Date	Date of Disease			
Varicella	1.	2.				
	Date	Date	Date of Disease			

**Immunizations
Recommended**

Hepatitis B	1.	2.	3.			
	Date	Date	Date	Date of Disease		
Other						
	Date	Date	Date	Date	Date	

**Physician
Signature**

Physician signature: _____ Date: _____

Physician Printed Name : _____

Phone: _____ Fax: _____

Any immunizations not available in your country are available here, but are expensive and may not be covered by insurances. Any necessary payments will be the responsibility of the student/family. Please make every effort to obtain all immunizations before your departure from your home country.