



New Student Enrollment
Immunization Worksheet

Dear Parents,

We are excited your child is enrolling for this school year! To assist you in assuring all vaccinations required for school attendance are up to date, *please complete the worksheet below*. Use your child's *most current* immunization record to fill in the **day, month and year** for **each** vaccination beside the corresponding number or space provided.

Please *attach this form* to a copy of your **child's immunization record** and submit after completing all other enrollment requirements. Texas law requires that "students be fully vaccinated against the specified diseases" for school attendance.

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IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE:

Student Name: _____ **Date of birth/age:** _____/____/____

***DPT (4 minimum required; one must be on or after 4 years of age):**

***Polio (3 minimum required; one must be on or after 4 years of age):**

***MMR ("#1" must be on or after 1 year of age):** #1 _____ #2 _____

***Hepatitis B #1** _____ **#2** _____ **#3** _____

***Varicella (vaccinated after 1yr old or had disease):** _____

****If your child is missing any of the above vaccinations, please contact your doctor. Students must have documented proof of up to date immunizations in order to complete the enrollment process.**

*Immunizations below are **not** required, but please write in dates if your child received:*

****Pneumococcal (PCV):** _____

****Hib:** _____

****HepA:** _____

****Varicella #2:** _____

Parent/Guardian Signature: _____ **Date:** _____