



Allen Independent School District Foreign Exchange Immunization Record

Name: _____

DOB: _____

Immunization:	Date	Date	Date	Date	Date	Date	Date
	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year
DPT*							
Tdap*							
Polio**							
MMR***							
Measles							
Mumps							
Rubella							
Hepatitis B****							
Meningococcal*****							
Varicella*****							

This is to verify that above student had the varicella disease and does not need varicella vaccine.

History of Chicken Pox (varicella) (must include month/day/year): _____

*DPT/Tdap: 3 dose primary series and one Tdap/Td booster within the last 10 years.

**Polio: 3 doses required with one dose administered after the 4th birthday.

***MMR: 2 doses required with the first dose administered after 1 year of age and at least 30 days between doses.

****Hepatitis B: 3 doses required

*****Meningococcal: 1 dose of quadrivalent meningococcal conjugate vaccine is required within the past 5 years. (MCV4)

*****Varicella: Two doses required with the first dose administered after 1 year of age and at least 30 days between doses.

Serologic confirmation of immunity to measles, mumps, rubeella, hepatitis B, or varicella or serologic evidence of infection is acceptable in place of vaccine.

Physician Signature: _____ Date: _____

Physician Address: _____ Physician Phone Number: _____

Clinic Stamp: _____

Foreign Exchange Service: _____ Date: _____

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