



## CERTIFICATE OF IMMUNIZATION STATUS

Reviewed for compliance by \_\_\_\_\_  
*Staff Signature*

**InterAmerican Academy requires that all children have a complete Certification of Immunization Status on file at the school. A chart showing which vaccines should be given and when is printed below.**

		<b>Sex</b>		<b>Birthdate</b>	
		F	M		
Child's Last Name		First Name		Middle Name	
Parent / Guardian Name				Daytime Phone	

Immunization	Age	Type of Vaccine	Dose	Date Given			Immunization	Age	Dose	Date Given		
				MM	DD	YY				MM	DD	YY
DTP* (Diphtheria, Tetanus, Pertusis)	2 M		1				MMR (Measles, Mumps, Rubella)	12-1 5 M	1			
	4 M		2					4-6 Y	2			
	6 M		3					11-1 6 Y	3			
	12-1 8 M		4				HEP B (Hepatitis B)	Birth 2 M	1			
	4-8 Y		5						2			
	11-1 6 Y	DT	6						3			
POLIO (OPV by mouth, IPV by injection)	2 M		1				HEP A		1			
	4 M		2						2			
	6-18 M		3				Varicella	12-1 5 M	1			
	12-1 8 M		4					4-6 Yrs	2			
	4-6 Y		5				Influenza					
HIB* (Haemophilus Influenza Type B)	2 M		1									
	4 M		2									
	15-1 8 M		4									



**I certify that the information provided here is correct and verifiable**

---

Signature of Parent of Legal Guardian

---

Date

## **STATEMENT OF EXEMPTION OF IMMUNIZATION LAW**

### **NOTICE:**

Your child can be exempted (excuse) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not, been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

### **Medical Exemption**

I certify that the child named on this form is medically exempted from the requirement of vaccines.

Physician's Signature

---

Physician's Signature

---

Date

### **Personal Exemption / Religious Exemption**

Due to my religion my child cannot get vaccines.

---

Signature of Parent of Legal Guardian

---

Date