

IMMUNIZATION RECORD
HEMPSTEAD PUBLIC SCHOOLS
Central Registration and Enrollment
436A Front Street
Hempstead, NY 11550

Student Name _____ Date of Birth _____

IMMUNIZATIONS: (Give full dates)

Measles: _____ (History of disease : _____) (Presence of antibody: _____)

Rubella: _____ (History of disease : _____) (Presence of antibody: _____)

Mumps: _____ (History of disease: _____) (Presence of antibody: _____)

MMR: _____

DPT: _____

DTaP: _____

DT/Td: _____

Tdap _____

Polio: _____

OPV _____

IPV _____

Hib: _____

Hep B: _____

Varicella: _____ (History of Disease: _____) (Presence of antibody _____)

Hepatitis A: _____

Meningitis Vaccine _____

Other (Specify): _____

Immunization requirements waived because of: (Give date)

A. Parent's religion _____ (Attach documentation)

B. Medical certificate _____ (Attach documentation)

**Issuing Officials Signature: _____

Name Printed: (use stamp) _____

Title: _____

Date: _____

**NYS recognized providers: MD, DO, NP, PA

<p>FOR OFFICE USE ONLY: IMMUNIZATION DOCUMENTATION APPROVAL AND HEALTH CONFERENCE DATE: _____ NURSE'S SIGNATURE: _____ OTHER COMMENTS: _____</p>
