

III. IMMUNIZATION RECORD (TO BE COMPLETED ONLY BY HEALTH CARE PROVIDER)

Enter date of EACH dose – Mo/Day/Year

VACCINE	#1	#2	#3	#4	#5
DTP, DTaP, DT					
Polio					
Hib					
Hepatitis B					
MMR					
Measles					
Mumps					
Rubella					
Varicella					

Exemptions from N.C. State Immunization Law require that a statement must be on file at school in student's permanent record. Exemptions must meet requirements of the law. Consult your local health department.

Medical Religious Exemption

STATE LAW REQUIRES THE FOLLOWING MINIMUM DOSES:
 5 DTP, DTaP, DT doses (if 4th dose is after 4th birthday, 5th dose is not required.)
 4 POLIO VACCINE doses (if 3rd dose is after 4th birthday, 4th dose is not required.)
 1 Hib dose – At least 1 Hib on/after 1st birthday and before 5 years of age. (Not required after age 5)
 2 MMR doses (1st dose on/after 1st birthday)

IV. FURTHER HEALTH INFORMATION (TO BE COMPLETED BY HEALTH CARE PROVIDER)

Please provide additional information about illnesses or developmental problems checked on the reverse side. Also, provide information about any other important health conditions.

In your opinion, will any of the above illnesses or conditions affect the child's performance in school? If so, specify:

What specialized care is the child receiving related to these problems? _____

List any allergies that the child has (e.g., food, insect stings, medicine, etc.): _____
 What type of allergic reaction occurs? _____

Does this child take medication on a regular basis? Yes No If yes, list medication, dose, and possible side effects.

Does this medication need to be given at school? Yes No If yes, list frequency and duration: _____

Does this child need a special diet? Yes No If yes, specify modifications: _____

Please list any additional medical care that is indicated for this child at this time: _____

Signature of Health Care Provider _____ Date: _____

Address: _____ Phone No.: _____