Program: 2019 Preparing Students for College Success

From: Office of Health Services - JWU-Denver

Re: Immunization History

Last name | First name | Middle | (Chosen Name) | Birth Date | Mobile #

Immunization History

Provide the month and year for each immunization. Immunizations with an asterisk (*) must include date to meet American Camp Association standards. Copies of immunizations forms from health care providers or state and local government are acceptable; please attach to this form.

Immunization		Dose 1 (mm/yyyy)	Dose 2 (mm/yyyy)	Dose 3 (mm/yyyy)	Dose 4 (mm/yyyy)	Dose 5 (mm/yyyy)	Most recent dose (mm/yyyy)
Diptheria, tetantus, pertussis (DTaP) or (TdaP)							
Tetanus booster* (dT) or (TdaP)							
Polio (IPV)							
Haemorphilius influenza type B (HIB)							
Pneumococcal (PCV)							
Hepatitis B							
Hepatitis A							
Varicella (chicken pox)	☐ Had chicken pox Date:						
Meningococcal meningitis (MCV4)							

Acknowledgement

If your student has not been fully immunized, please sign below to acknowledge that you understand and accept the risks to my child from not being fully immunized.

Parent/Family/Guardian printed name | Date

Signature