



# St. Patrick's Catholic School – Elkhorn, Nebraska

## Immunization Information

Student \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Today's Date \_\_\_\_\_

### PLEASE COMPLETE AND RETURN TO SCHOOL IMMEDIATELY

The Nebraska School Immunization Law requires that all students be immunized and **PROVIDE PROOF OF IMMUNIZATION BEFORE A STUDENT MAY ATTEND CLASSES.** The immunization requirements are attached for your convenience.

If you do not have a record of your child's immunizations, you must either obtain the record or your child will need to begin another series of immunizations. Immunizations may only be waived if a medical reason is documented by a physician, physician assistant or advanced practice nurse or valid religious objections.

Please provide dates of all immunizations your child has received.

DPT/Td	Polio	Measles/Mumps/Rubella
<p style="text-align: center;">Month / Year</p> 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ 5. ____/____/____ 6. ____/____/____	<p style="text-align: center;">Month / Year</p> 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ 5. ____/____/____	<p style="text-align: center;">Month /Date/ Year</p> 1. ____/____/____ 2. ____/____/____
Hepatitis B	Varicella (chickenpox)	HIB
<p style="text-align: center;">Month /Date/ Year</p> 1. ____/____/____ 2. ____/____/____ 3. ____/____/____	<p style="text-align: center;">Month /Date/ Year</p> 1. ____/____/____ 2. ____/____/____  <p style="text-align: center;">Disease Month/Year</p> ____/____/____	<p style="text-align: center;">Month /Date/ Year</p> 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____
Other _____	Other _____	Other _____
<p style="text-align: center;">Month /Date/ Year</p> ____/____/____ ____/____/____	<p style="text-align: center;">Month /Date/ Year</p> ____/____/____ ____/____/____	<p style="text-align: center;">Month /Date/ Year</p> ____/____/____ ____/____/____

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

For immunizations: See your family physician or call the Douglas County Health Department Immunization Clinic at 444-6163. For dates call your physician. Douglas County Clinic immunization records call 444-6163.