



# St. Patrick's Catholic School

## 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
Month / Year	Month / Year	Month / Year
1. _____ / _____	1. _____ / _____	1. _____ / _____
2. _____ / _____	2. _____ / _____	2. _____ / _____
3. _____ / _____	3. _____ / _____	
4. _____ / _____	4. _____ / _____	
5. _____ / _____		
6. _____ / _____		

Hepatitis B	Varicella (chickenpox)	Other (Please List)
Month / Year	Month / Year	
1. _____ / _____	1. _____ / _____	1. _____ / _____
2. _____ / _____		2. _____ / _____
3. _____ / _____		3. _____ / _____
		4. _____ / _____

\_\_\_\_\_  
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.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School Nurse