

Kearney Public Schools IMMUNIZATION INFORMATION Información sobre las vacunas

Student Name/Nombre del alumno	School/Escuela	Grade/Grado
Date of Birth/Fecha de Nacimiento	<input type="radio"/> Male/Masculino <input type="radio"/> Female/Femenino	
Transfer from: City, ST Viene de: Ciudad, ST	School/Escuela	

DTaP/DTP/DT/Td/Tdap

mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

Polio (OVP or IPV)

mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

MMR	mm/dd/yy		mm/dd/yy				mm/dd/yy

OR

<u>OR</u>	Non-Combination vaccine (administered outside the US)	Measles Sarampión	Mumps Paperas	Rubella Rubeola
		mm/dd/yy	mm/dd/yy	mm/dd/yy

Hepatitis B (HepB or HBV)	Series of 3:	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	OR	Series of 2:	mm/dd/yy	mm/dd/yy

Pneumococcal (PCV or Prevnar)	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

HIB (Haemophilus)	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy

Hepatitis A	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy	mm/dd/yy

Meningococcal	mm/dd/yy	mm/dd/yy		mm/dd/yy		

TB **Results**

I verify the above information is correct to the best of my knowledge./Verifico que la informacion anterior es correcta.

Date/Fecha

***Parent Signature/Firma De Los Padres

Please sign in blue or black ink