

# 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

<b>MMR</b>	mm/dd/yy	<b>Varivax/ Chickenpox vaccine</b>	mm/dd/yy	<b>or Date of Chickenpox</b>	<b><u>OR</u></b>	<b>MMRV</b>	mm/dd/yy

**OR**      **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)**

<b>Series of 3:</b>	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy
<b>Series of 2:</b>	mm/dd/yy	mm/dd/yy		

**HIB**

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

<b>Hepatitis A</b>	mm/dd/yy	mm/dd/yy	<b>HPV</b>	mm/dd/yy	mm/dd/yy	mm/dd/yy

<b>Meningococcal</b>	mm/dd/yy	mm/dd/yy	<b>TB</b>	mm/dd/yy	<b>Results</b>

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