

**Louis and Sarah Block Yeshiva High School**  
**Immunization Record**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

	1st			2nd			3rd			4th			5th			6th		
	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR
INITIAL SERIES																		
* DPT/TD													BOOSTER TD					
* Polio Trivalent													BOOSTER					
* Polio Injectable																		
* Measles																		
* Rubella																		
Mumps																		
Smallpox																		
Recent Tuberculosis Test																		

The law requires that the *exact* date (month, day, and year) of all immunizations be furnished and recorded.

**\* REQUIRED BY MISSOURI STATE LAW:**

**Measles:** "One dose of live measles received by injection at age twelve (12) months or greater shall be required of all school-age children. . ." (St. Louis County requires two doses.)

**Rubella:** "One dose of live rubella vaccine received by injection at age twelve (12) months or greater shall be required of all school-age children."

**DPT:** "Three doses of DPT vaccine shall be required for all school-age students. The last dose must have been received at age three (3) or greater; if not, an additional dose is required."

**Polio:** "Three doses of trivalent oral polio vaccine shall be required for all school-age children. The last dose must have been received at age three (3) or greater; if not, an additional dose is required."

**TD:** "A tetanus-diphtheria booster dose is required ten (10) years from the last immunization"