



SCHOOL ENTRANCE  
IMMUNIZATION CERTIFICATION

**CERTIFICATION OF IMMUNIZATION: To Be Completed by Examining Physician**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines **shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.** Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First, Middle, and Last)

IMMUNIZATION	RECORD COMPLETE DATES OF VACCINE DOSES GIVEN (month, day, year)				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Tdap Booster (6 <sup>th</sup> grade entry)	1	2	3	4	5
*Updated Tetanus	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenza Type b (Hib conjugate)	1	2	3	4	
*Pneumococcal (PCV conjugate)	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2	<b>RELIGIOUS EXEMPTION:</b> The <i>Code of Virginia</i> allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices Any student entering school must submit this affidavit on a Certificate of Religious Exemption (Form CRE-1), which may be obtained at any local health department, school division superintendent's office, or local department of social services.		
*Measles (Rubeola)	1	2			
*Rubella	1	2			
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, prescribed by the State Board of Health.

\_\_\_\_\_  
Signature of Physician or Health Department Official \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**MEDICAL EXEMPTION:**  DTP  Td  OPV  Measles  Rubella  Mumps

As specified in Virginia Code, I certify that administration of the vaccine(s) designated above would be detrimental to the student's health. The vaccine(s) is (are) specifically contraindicated because:

\_\_\_\_\_

The contraindication is:  permanent, or  temporary and expected to preclude immunization until \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of Physician or Health Department Official \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**CONDITIONAL ENROLLMENT:** I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days.

Next immunization due on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
\_\_\_\_\_  
Signature of Physician or Health Department Official \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date