

# IMMUNIZATION INFORMATION REQUIRED BY NEBRASKA STATE LAW

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Due to Nebraska State law we are required to have a new immunization form filled out every year that is kept on file for the year.

## IMMUNIZATIONS

### **DPT (Diphtheria-Tetanus-Pertussis)**

Month and Year          Physician

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **COMVAX (Hib-Hepatitis B)**

Month and Year          Physician

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **POLIO**

Month and Year          Physician

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **MMR (Measles-Mumps-Rubella)**

Month and Year          Physician

1. \_\_\_\_\_

### **VARICELLA (Chicken Pox)**

Month and Year          Physician

1. \_\_\_\_\_
2. \_\_\_\_\_

### **ALLERGIES**

\_\_\_\_\_

Has your child had the disease of chicken pox?

Yes \_\_\_\_ No \_\_\_\_ Date of disease \_\_\_\_\_

### **CURRENT MEDICATIONS**

\_\_\_\_\_

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I certify that the above information is correct to the best of my knowledge:

Signature of Parent or Doctor

Date

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