

PADUA FRANCISCAN HIGH SCHOOL
IMMUNIZATION FORM

This form is required for all students entering Padua Franciscan High School for the first time. Parent or guardian, please complete form and **return it on or before March 15, 2026.** By State Law, students may not attend classes if this complete form is not on file within the first two weeks of school.

STUDENT NAME: _____ **Birth Date:** _____
(Last) (First) (Middle Initial)

LAST SCHOOL ATTENDED: _____ **Grade Entering:** _____

IMMUNIZATION HISTORY

REQUIRED IMMUNIZATIONS:

Please list month, day and year for all immunizations the student has received.

D.P.T. Four required (if the fourth dose was received before the fourth birthday, a 5th dose is required)

Dates: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____

BOOSTER Tdap/Td Date: _____

POLIO Three (if the third dose was received before the fourth birthday, a 4th dose is required, or if any Combination of OPV and IPV was administered, 4 doses are required)

Dates: 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

MMR Dates: 1st: _____ 2nd: _____

MMR (if given separately): Measles Date: 1st: _____ 2nd: _____

Mumps Date: 1st: _____ 2nd: _____

Rubella Date: 1st: _____ 2nd: _____

VARICELLA (Chicken Pox) (Two required) Date: 1st: _____ 2nd: _____

HEPATITIS "B" SERIES (Three required)

Dates: 1st: _____ 2nd: _____ 3rd: _____

MCV4 (Meningococcal) (One required) Date: _____

OTHER IMMUNIZATIONS NOT REQUIRED:

Tuberculin Test: Date: _____ Result: _____

Covid Vaccine:

Type: _____ Date/dose 1: _____ Date/dose 2: _____ Booster Date: _____

Other Vaccine Type: _____ Date: _____ Type: _____ Date: _____

Parent/Guardian Signature: _____ **Date:** _____