



The School at Mission Springs
 (210) 721-4700 (P) (210) 495-0688 (FAX)

Student Immunization Record

SHOULD BE COMPLETED BY FAMILY PHYSICIAN ANNUALLY
Please return to the Administration Office by September 30, 2019.

Student Name _____ Birthday _____
 (Last) (First)

The Month, Day, and Year of each immunization must be listed

Vaccine	Month-Day-Yr	Month-Day-Yr	Month-Day-Yr	Month-Day-Yr	Month-Day-Yr	Month-Day-Yr
DtaP, TD						
Hib CV						
OPV/IPV						
Hepatitis A						
Hepatitis B						
Meningococcal						
MMR						
Pneumococcal						
Tdap						
Varivax						
Other:						
TB Test	Type:	Date:	Result:	Type:	Date:	Result:
Hearing	R		L		Date:	Result
Vision	R 20/		L 20/		Date:	Result
Scoliosis						
Acanthosis						

Verification of Physical Exam:

New Students: Complete physical exams are required for all new students. A copy of the physical should be submitted to the Administration Office on or before registration.

Returning Students: This form should be signed by your physician verifying that you are in good health, all immunizations are current and that you are able to participate in all activities.

This verifies that _____ has had an annual physical exam and is in good health, all immunizations are current and is able to participate in all activities unless noted below:

Physician's Signature: _____ Date _____

Parent's Signature: _____ Date _____

❖ If you feel that your child has a current immunization/physical form on file; please indicate current on this form, sign and date.