THE BANFF SCHOOL HEALTH RECORD

ALL STUDENTS MUST SUBMIT IMMUNIZATION DATA WITHIN THE FIRST 10 DAYS OF SCHOOL.

Students may submit:

1. **This form (signed by their doctor) or**
2. **Immunization Records obtained directly from their doctor's office or patient portal.**

All immunizations are subject to the doctor's decision as to which inoculation is given when. A statement should be signed by the doctor that a particular immunization should not be given to a particular student at this time.

Immunization	Date 1st Dose	Date 2nd Dose	Date 3rd Dose	Date 4th Dose	Date 5th Dose
DTP/DtaP					
Polio					
MMR					
Measles					
Hib					
Hepatitis B					
Varicella					
Hepatitis A					
Meningococcal Vaccine					
Pneumococcal Conjugate					
Tetanus, Diptheria, Acellular Pertussis Containg Vaccine **Tdap**					
Measles (date of illness)		Mumps (date of illness)		Varicella (date of illness)	
TB Test Date:			Result:		
Scoliosis (6th and 9th graders) date:			Result:		

Any allergies or special recommendations _____

Date of examination _____ Date of Birth _____
Student Name _____ Grade _____ has been examined by me and found free of infectious and contagious disease and is physically and mentally able to participate in group activities.

Physician's signature Address Phone