

**ENFIELD PUBLIC SCHOOLS**

**Please have doctor's office complete. This can be returned to us or faxed by office to:  
FRC Fax- 860-741-4029**

CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

The above named child had a physical on \_\_\_\_\_  
Appropriate for his/her age and continues to be in good health.

Immunizations listed below are complete for his/her age.

\_\_\_\_\_  
**MD, PA, APRN Signature**

Practitioner's Office Stamp

<b>Immunization Record</b>						
Vaccine (Month/Day/Year) Note: * Minimum requirements prior to school enrollment, at subsequent exams, note booster shots only.						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP	*	*	*	*		
DTP/Hib						
DTaP						
DT/Td						
OPV	*	*	*			
IPV	*	*	*			
MMR						
Measles	*	*		Booster for entry into K and 7 <sup>th</sup> grade		
Mumps	*					
Rubella	*					
HIB	*				Students under age 5	
Hep B	*	*	*		Req. for entry into K and 7 <sup>th</sup> grade	
Varicella	*			Students born 1/1/07 or later Required for 7 <sup>th</sup> grade entry.		
PCV					Pneumococcal conjugate vaccine	
<b>OTHER VACCINES (SPECIFY)</b>						
<b>Disease HX</b>						
<b>Of above</b> _____ (specify) _____ (Date) _____ (Confirmed by)						
<b>EXEMPTION</b>						
Religious _____ Medical Permanent _____ Temporary _____ Date: _____						
Recertify Date: _____ Recertify Date: _____ Recertify Date: _____						