



**PART I: STUDENT INFORMATION  
(ALL AREAS MUST BE COMPLETED)**

STUDENT ID \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City/State/Zip Code)

TELEPHONE \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**PART II: REQUIRED**

DOSE 1: \_\_\_/\_\_\_/\_\_\_ DOSE 2: \_\_\_/\_\_\_/\_\_\_ (12–15 months or later)

DOSE 3: \_\_\_/\_\_\_/\_\_\_ (4–6 years or later, and at least one month after first dose)

MENINGOCOCCAL QUADRIVALENT One dose must have been administered when you were  $\geq 16$   
#1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

TETANUS-DIPHTHERIA (Primary series with DTaP or DTP and booster with Td in the last 10 years meets requirement.)

PRIMARY SERIES OF FOUR DOSES WITH DTaP OR DTP:

#1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

OPV ALONE (oral Sabin three doses): #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_

PNEUMOCOCCAL POLYSACCHARIDE VACCINE \_\_\_/\_\_\_/\_\_\_

**For International Students:**

TUBERCULOSIS SCREENING TUBERCULIN SKIN TEST: DATE GIVEN: \_\_\_/\_\_\_/\_\_\_

DATE READ: \_\_\_/\_\_\_/\_\_\_

RESULT: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")

INTERPRETATION: POSITIVE \_\_\_ NEGATIVE \_\_\_

Primary Care Physician \_\_\_\_\_

Office Address/Phone \_\_\_\_\_

\_\_\_\_\_



**IMMUNIZATION EXEMPTIONS**

*A written exemption statement must be returned to the Student Health Service for review. Please be aware, if an outbreak of measles, mumps, or rubella occurs, the State Health Department may exclude students from classes who do not provide proof of immunity to these diseases.*

If applicable, please check one of the following immunization exemptions:

\_\_\_\_ MEDICAL (An exemption may be granted based on a written statement from a physician, or a designee, that the immunization(s) may be detrimental to the health of the student.)

\_\_\_\_ RELIGIOUS/MORAL/ETHICAL (An exemption may be granted based on a student's written objection to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to :**

Office of Health & Student Services  
King's Preparatory Academy  
6175 Lawrenceville Highway  
Tucker, Georgia 30084