



# Rotary District 5160 Youth Exchange Program IMMUNIZATION FORM



This will certify: \_\_\_\_\_  
Name of Student

Date of Birth: \_\_\_\_\_  
Month Day Year

has been fully immunized on dates listed below (dd/mm/yyyy). **CALIFORNIA REQUIRES EVERY DATE BE LISTED OF EACH VACCINATION.**

**1. Polio (IVP)\***

**Required Doses: Four doses at any age; three doses ok, if third dose was given on or after 2<sup>nd</sup> birthday.\***

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: \_\_\_\_\_ Dose 4: \_\_\_\_\_

**2. DTP, DT, Td or Tdap\***

**Required: At least three doses. One more dose required if last dose was given before 2<sup>nd</sup> birthday.**

Diphtheria Tetanus Pertussis (Whooping Cough)

Dose 1: \_\_\_\_\_  
Dose 2: \_\_\_\_\_  
Dose 3: \_\_\_\_\_  
Dose 4: \_\_\_\_\_

*\* Receipt of dose up to and including four days before birthday will satisfy school entry immunization requirement.*

**3. Tdap (Whooping Cough) Booster**

**Required: One dose given on or after 7<sup>th</sup> birthday (as of 07/01/2011).**

Dose 1: \_\_\_\_\_

**4. Hepatitis A**

**Recommended: Two doses given six months apart.**

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_

**5. Hepatitis B**

**Required: Three doses at any age.**

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: \_\_\_\_\_

**6. Measles and Rubella\***

**Required: One dose of each, separately or combined, on or after 1<sup>st</sup> birthday.\* (mumps not required)**

Measles (Rubeola) Rubella (3-Day Measles)

Dose 1: \_\_\_\_\_

**7. Varicella (Chickenpox)**

**Required: One dose or provider verified "had disease." Required for all students who are out-of-country transfer students.**

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_

**8. Tuberculosis**

**Recommended: Applicant must present evidence of recent (within three months) Mantoux/PPD skin test.**

Date of screening: \_\_\_\_\_ Results: \_\_\_\_\_

If a different test was administered or applicant received a BCG vaccine, explain methods and treatments used to obtain screening results.

\*\*\*\*\*  
Doctor's signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_