

Form 13 - Immunization record

*This record is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.*

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
POLIO (OPV or IPV)					
DTP and/or DT / Td					
MEASLES (Rubella 10-day, red measles)			Some vaccines are available in combination with others such as measles and rubella (M-R) and measles, mumps, and rubella (M-M-R). If the student received any combined vaccine, enter the date in each appropriate box. T.B. Test Date: _____ Neg _____ or Pos _____		
RUBELLA (German measles, 3-day measles)					
MUMPS					

To the best of my knowledge, the above information is true and accurate.

\_\_\_\_\_  
 Father's Signature or legal guardian

\_\_\_\_\_  
 Mother's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date