

DoD DEPENDENTS SCHOOLS – CERTIFICATION OF IMMUNIZATION

Students who enroll in DoD Dependent Schools (DoDDS) must meet specific immunization requirements. These requirements, displayed below, represent the minimum requirements and do not necessarily reflect the optimal immunization status for a student.

This certification of Immunization, completed by the local medical authority, must be provided to school officials at time of initial registration for placement in the official school of the student.

NAME _____ / _____

Last Name
First Name
MI
Date of Birth (day/month/year)

Instructions for Local Medial Authority: In the spaces provided, write the date (day/mo/yr) of each immunization and the total number of doses received.

In the appropriate space write the date of the last TB screening and the reaction/mm reading.

IMMUNIZATION	DATE	COMMENT	MINIMUM DoD REQUIREMENTS
DT/DPT/DPTC DTP/DTaP Diphtheria/Tetanus/ Pertussis*	last dose (day/mth/yr)	Total # of doses:	3 doses given singly or in combination at least one of which was administered after the 4th birthday and the last one was given within 10 yrs. (Td recommended at age 11-12 of more than 5 yrs have elapsed since the last DTaP/DPT/DT. Subsequent routine Td boosters given every 10 yrs) *Pertussis is not required for individuals older than 6 yrs of age
HEPB/HBC Hepatitis B	Date # 1 (day/mth/yr) Date #2 (day/mth/yr) Date #3 (day/mth/yr)	Total # of doses:	3 doses Those not vaccinated in infancy may begin the series during any visit.
HIB* / HIBC Haemophilus influenzae type b	last dose (day/mth/yr)	Total # of doses:	2 or 3 doses in infancy. 3 or 4 years olds with NO record of HIB in infancy only require ONE Dose *HIB immunization is not required for individuals five (5) years of age or older.
MMR / MMRC Measles/Mumps/ Rubella	Date # 1 Date # 2	Total # of doses:	2 doses of live attenuated vaccine given singly or in combination at least one of which was administered after the 4th birthday.
OPV / OPVC OPV/IPV Oral Polio Vaccine	last dose (day/mth/yr)	Total # of doses:	3 doses of Polio Vaccine (oral or Injected), last one of which was administered after the 4th birthday.
PPD/TB tine/monovac (circle which one)	last dose (day/mth/yr)	Total # of doses:	TB testing is recommended every 3-5 years unless required more frequently by the local medical command
Varicella Chicken Pox	Date # 1 (day/mth/yr) Date # 2 (day/mth/yr)	Total # of doses:	1 dose of Caricella Vaccine through the age of 12 years, 2 doses for those 13 or oder (at least one month apart) or reliable history of the disease. DATE CHILD HAD DISEASE PER PARENT REPORT _____ <div style="text-align: right; margin-right: 50px;">mo / yr</div>

Immunization records for the student named above have been reviewed at _____
Location of Clinic

I certify that the minimum immunization requirements have been completed, and or initiated. Immunizations are current until _____ when _____ immunization(s) is/are due.

Signature of Medical Authority

A request for an immunization waiver for **religious** _____ or **medical** _____ reasons must be supported by official documents from church or medical authority and provided to the school at the time of registration. I certify that the minimum immunization requirements have been waived. Immunization (s): _____, Reason: _____
 _____ Waiver duration: _____.