

Home Instruction Certificate of Immunization

Child's Name _____ DOB _____

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Poliomyelitis (OPV or IPV)					
*Haemophilus influenzae Type b (Hib Conjugate Vaccine) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) Only for children < 2 years of age					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
Measles, Mumps, Rubella (MMR vaccine)					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Human Papilloma Virus Vaccine (HPV) (6 th grade entry for girls)					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity		
*Tdap booster (6 th grade entry)					

Parents must comply with the immunizations requirements provided in §32.1-46 in the same manner and to the same extent as if the child had been enrolled in and is attending school per §22.1-271.4. Vaccines marked with an asterisk (*) are currently required for school entry.