

**TROY SCHOOL DISTRICT
WASS ELEMENTARY SCHOOL**

IMMUNIZATION RECORD

Student Name _____

Birth Date _____ Student # _____
(Office Use)

Please enter the dates your child has received the immunizations listed below, providing MONTH, DAY, and YEAR.

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP or Td					
Oral Polio					
MMR Measles					
MMR Rubella					
MMR Mumps					
Hep B					
Hib					
Vision Test (Kdg. Only)					

Parent Signature: _____ Date _____

If your child is to receive additional immunizations over the summer, please keep the Health Appraisal Form (green) included in your packet and return that form to Wass by _____, with the dates immunizations were received.
YOUR CHILD MAY NOT START SCHOOL WITHOUT COMPLETE IMMUNIZATIONS.

If you have any questions you may contact our Public Health Nurse:
Mrs. Sandy Belanger, PHN, at 248-424-7174.

THIS INFORMATION IS REQUIRED TO COMPLETE YOUR CHILD'S REGISTRATION.