



# GEORGIA TRAINING CENTER IMMUNIZATION RECORD

## Student Information

Student Name \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_

## Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>			
<b>DTaP, DTP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
<b>Tdap</b>								
<b>Polio (IPV or OPV)</b>								
<b>Haemophilus influenzae type b (Hib)</b>								
<b>Pneumococcal</b>								
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>								
<b>Hepatitis B (HBV)</b>								
<b>Varicella (Chickenpox)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>								
<b>Hepatitis A (HAV)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>								
<b>Meningococcal Conjugate (ACWY)</b>								

Immunization record received for this student is from:  A statewide registry

Student's former school

Legally responsible individual of the student

Please provide Covid-19 vaccination on separate form/card.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_