



North Yarmouth Academy IMMUNIZATION RECORD

Student Name: _____ DOB: _____ Grade: _____

Under Maine state law, the minimum requirements for immunization include:

- 4 or 5 doses DTaP (diphtheria/tetanus/pertussis) vaccine (depending on when given)
- 3 or 4 doses oral polio vaccine (depending on type & when given)
- 2 doses MMR vaccine (measles/mumps/rubella)
- Varicella (chicken pox) vaccine. Documentation of disease or blood test showing immunity by physician is acceptable proof of immunity.

Acceptable formats of documentation of immunization are:

- Completion of this form
- Photocopy of student’s immunization certificate, signed by a health professional.

If parents are choosing exemption from vaccines for religious beliefs or philosophical reasons, note on chart below and complete Immunization Exemption form.

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Booster	Disease (Date)	Exemption (x)
DTaP – if different version please note type								
IPV								
MMR								
HIB								
Varicella								
HBV								
Other (specify)								

Name of Health Professional: _____ Date: _____

Address: _____ Phone: _____

Signature: _____