

FORT KNOX COMMUNITY SCHOOLS
CERTIFICATE OF IMMUNIZATIONS

Students who enroll in DoDEA schools must meet specific immunization requirements. These requirements, displayed below, represent the minimum requirement and do not necessarily reflect the optimal immunization status for a student. This certificate reflects both DoDEA and Fort Knox requirements. This form or other medical proof of immunization **MUST** be provided to school officials upon school registration. **PRIVACY ACT STATEMENT AUTHORITY:** 10 U.S.C. 113, 126, 2164 and 20 U.S.C. 921-932; E.O. 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **PRINCIPAL PURPOSE:** The information may be used within the Department of Defense (DOD) to determine what immunizations have been administered for purposes of determining enrollment eligibility & for use in preserving school health. **ROUTINES USE(S):** DoDEA may release information without prior consent with the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. 552a (b). In addition, in accordance with 5 U.S.C. 552a(b)(3), information contained therein may be disclosed outside DoD as a routine use pursuant to "Blanket Routine Uses," as published at <http://www.defenselink.mil/privacy/notice/osd>, for example, for valid medical, law enforcement or security purposes, or for use in litigation involving DoD. **DISCLOSURE:** Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

(Please Print) Student's Name – Last/First/Middle

DOB (Month/Day/Year)

Diphtheria, Tetanus, Pertussis Vaccine: Four (4) doses with at least one after the 4th birthday. Tdap at age 11-12 if more than 5 years elapsed since last dose; then booster every 10 years.

Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year

Hepatitis B Vaccine: Three (3) doses with minimum 4 weeks between dose 1 & dose 2 and 8 weeks between dose 2 & dose 3.

Mo/Day/Year Mo/Day/Year Mo/Day/Year

Haemophilus influenzae type b (HIB): Two (2) to four (4) doses; not required for students 5 years or older.

Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year

Polio Vaccine: Three (3) doses with at least one after the 4th birthday.

Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year Mo/Day/Year

Measles, Mumps & Rubella (MMR): Two (2) doses with first at 12-15 months second at least 4 weeks later.

Mo/Day/Year Mo/Day/Year

Varicella Vaccine: One (1) dose thru age 12 years but two (2) doses if 13 or older (at least 4-8 weeks apart) or history of chickenpox.

Mo/Day/Year Mo/Day/Year **OR** Date child had disease per parent report : Mo/Year

Tuberculosis Screening: Screening negative on _____
PPD Given _____ PPD Read _____ Results: Negative ___ Positive ___ ___ mm

Hepatitis A Vaccine: Two (2) doses administered at least 6 months apart.

Mo/Day/Year Mo/Day/Year

Meningococcal Vaccine: One (1) dose at age 11-12 years

Mo/Day/Year

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

Signature & Stamp of Medical Authority

Date