

**Immunizations Record**

Smyrna Christian School  
302.653.2538

STUDENT NAME \_\_\_\_\_

MINIMUM VACCINE REQUIREMENTS FOR PRIVATE SCHOOLS

DPT 4 DOSES

MMR 2 DOSES

TOPV 4 DOSES

#1 \_\_\_\_\_

#1 \_\_\_\_\_

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#2 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#4 \_\_\_\_\_

Varicella (chicken pox) vaccine

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

**PLEASE ENTER THE DATES OF DOSES IN BLANKS ABOVE.**

Please list any chronic illnesses your child has and the symptoms, which accompany it, so school personnel can be alerted.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Delaware law requires the above vaccines. All children must be properly immunized to attend public or private school in the State of Delaware.

PARENT'S and/or PHYSICIAN'S SIGNATURE

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