

# IMMUNIZATION INFORMATION

*You must comply with all required immunizations.* Anyone requesting **medical exemptions** for required vaccinations must submit a brief explanation signed by a doctor; such requests will be evaluated on a strictly confidential basis by the School Doctor. Requests for **religious exemptions** also require a brief explanation signed by a leader of the relevant faith community; such requests will be evaluated on a strictly confidential basis by the School Doctor in consultation with experts in Medical Ethics. The School does not guarantee accommodation of all requests for exemption from required immunizations.

## REQUIRED

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Patient Name/Name of Member Attending the ASCSA

Date

\_\_\_\_\_  
Month/Day/Year

**Tetanus/Diphtheria<sup>#</sup>**  
<sup>#</sup> Must have been given within the past ten years. Vaccination must not be out of date before patient arrives at the ASCSA.

## RECOMMENDED

\_\_\_\_\_  
Month/Day/Year

COVID Vaccine

\_\_\_\_\_  
Month/Day/Year (if applicable)

COVID booster

\_\_\_\_\_  
Month/Day/Year of 2<sup>nd</sup> COVID vaccine (if applicable)

\_\_\_\_\_  
Month/Day/Year (if applicable)

COVID booster

\_\_\_\_\_  
Month/Day/Year

Meningitis\*

\_\_\_\_\_  
Month/Day/Year

Hepatitis B #1

\*Meningococcal Meningitis Quadrivalent Vaccine is *strongly* recommended

\_\_\_\_\_  
Month/Day/Year

Hepatitis A

\_\_\_\_\_  
Month/Day/Year

Hepatitis B #2

\_\_\_\_\_  
Month/Day/Year

Hepatitis B #3

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Physician/Nurse signature

Date

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Address for Physician/Nurse Office

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Telephone/Fax/Email for Physician/Nurse Office