



Holy Spirit
EPISCOPAL SCHOOL

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UPDATES REQUIRED FOR ALL RETURNING STUDENTS
COMPLETE RECORDS REQUIRED FOR ALL NEW STUDENTS
DUE BY AUGUST 2, 2010

Student Name: _____ Date of Birth: _____

Grade (2010-2011 school year): _____

IMMUNIZATION RECORD

Each year, a new updated immunization record must be sent to the school in order for enrollment to be complete. (Shot records may be attached). The annual immunization record is a requirement of the State of Texas. The **varicella (chicken pox) section MUST be completed** with either a date for the vaccine or a parent signature stating the child has had the chicken pox.

Immunization	Date	Date	Date	Date	Date
DTP, DTaP, DT, Td, Tdap					
POLIO					
HIB					
MMR 1					
MMR 2					
HEP B					
Meningococcal 2 – 6 years					
VARICELLA (Chicken Pox)			This is to verify that _____ had varicella disease on _____ and does not need to be vaccinated. Signature: _____		
HEP A					
Pneumococcal Conjugate (PCV7) 0 – 6 years					
Rotavirus (0 – 1 year)					

Signature of Physician

Date