

Monrovia Christian Preschool

Immunization Record

Preschool Immunizations

Dates

DTaP, DTP, DT	_____	,	_____	,	_____	,	_____
OPV, IPV	_____	,	_____	,	_____	,	_____
Hepatitis B	_____	,	_____	,	_____	,	_____
Rubeola	_____	,	_____	,	_____	,	_____
Mumps	_____	,	_____	,	_____	,	_____
Rubella (measles)	_____	,	_____	,	_____	,	_____
Varicella (chicken pox)	_____	,	_____	,	_____	,	_____

Name of Physician _____

I attest that my child has received these immunizations and the dates are accurate.

Parent Signature _____