

DoD Dependents Schools Certificate of Immunization

Students who enroll in DoD Dependents Schools (DoDDS) must meet the following immunization requirements.

A COPY OF YOUR CHILD'S UPDATED SHOT RECORD along with this Certificate of Immunization, completed by the local medical authority, must be provided to school officials at the time of initial registration for placement in the official school records of the student.

Name: _____ Date of Birth: _____
 Last Name First Name Middle Name Day/3-Letter Month/Year

Instructions for the Local Medical Authority: In the spaces provided below, write the date (Day, 3-Letter Month/Year) of each immunization and the total numbers of doses received.

Immunization	Date Day/3Letter Month/Year	Comment	<u>Minimum DoD Requirement</u>
OPV/IPV Oral/Inactivated PolioVaccine OPV/IPV/OPVC	Date #1 _____ Date #2 _____ Date #3 _____ Date #4 _____ Date #5 _____	Total # Doses	Four doses of Polio Vaccine (oral or injected), last one of which was administered AFTER the fourth birthday.
DPT/DT/DtaP Diphtheria, Pertussis, And Tetanus DPT/DT/DPTC/DTC	Date #1 _____ Date #2 _____ Date #3 _____ Date #4 _____ Date #5 _____	Total # Doses	Four doses given singly or in combination, at least one of which was given AFTER the fourth birthday.
Tetanus, Diphtheria TD	Date #1 _____	Total # Doses	Booster needed between 11- 12 years of age and then every ten years thereafter.
Varicella CHPO	Date # 1 _____ Date # 2 _____	Total # Doses	All unvaccinated individuals who lack a reliable history of the chickenpox disease must be vaccinated. If they are under 13 when immunized, they need one dose. If they are thirteen or older, they need two doses, or proof of immunity. Chickenpox Disease: Yes No When: _____ (Circle) Month/Year
Hepatitis B HEPB/HBC	Date # 1 _____ Date # 2 _____ Date # 3 _____	Total # Doses	Three doses of Energix, Recombivax, or Hepatitis B are required. Those not immunized must begin the series now.
MMR Measles, Mumps, Rubella MMR/MMRC	Date # 1 _____ Date # 2 _____	Total # Doses	Two doses of live attenuated vaccine given singly or in combination, at least one of which was given AFTER the fourth birthday.
IPPD/TB Tine Test (Circle One)	Last Dose Date _____ Neg _____ Pos PPDN PPDP	mm Reading _____ mm	TB skin testing is required yearly after 01 March of current year.

**Immunization Records for the above-named student must be completed by the medical authority.
I certify that his/her immunizations are up-to-date.**

Date Reviewed
DS Form 122
Revised May 2001

Signature of Medical Authority/ Nurse