

Name _____

IMMUNIZATION RECORDS 2023-2024

- It is imperative that your child comply with the state of Missouri immunization requirements to attend classes. **Please provide an updated copy of your child's original immunization records each school year. Saint Paul is required by state law to keep these on file. If you do not have this, have your physician complete and sign the immunization chart below.**
- If your child comes to school without being properly immunized, Saint Paul Lutheran High School reserves the right to complete the immunization on your behalf, which may not be covered by your insurance, can be costly and you will be responsible for payment.
- Note: The **tetanus booster must be given 10 years after last DPT or Td vaccination**. Also, the **meningococcal vaccination (MCV4; MPSV4) is required**.

Missouri Immunization Requirement

Grade	DtaP/DTP/DT/TD	Tdap	Polio	Varicella	MMR	Hepatitis B	Meningococcal
8-12	4 Doses Td booster is required ten (10) years after last dose of DtaP, DTP, DT, or Td. Td may be given five (5) years after DtaP/DTP.	1 Dose After 8 th grade	3 Doses Last dose on or after fourth (4th) birthday, if a combination of IPV/OPV is received, four (4) doses are required. Maximum needed, four (4). IPV – 3 Doses total	2 Doses Unless had Chicken Pox	Measles, Mumps, Rubella 2 Doses On or after first (1st) birthday. Twenty-eight (28) days between the two doses.	3 Doses Required 3 doses or verified by (+) Hepatitis titer.	MCV 1 Dose 8 th grade 1 Dose 12 th grade

IMMUNIZATION RECORD

If using this form to record immunizations, please have a doctor sign or stamp that the information is correct.

Vaccine Give date each dose given	1st	2nd	3rd	4th	5th
Polio (TOPV)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP or DTP	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tdap	___/___/___	___/___/___	If no immunization, give month & year student had measles ___/___		
Measles (Rubeola/10day/red)	___/___/___	___/___/___	If no immunization, give month & year student had rubella ___/___		
Rubella (German, 3 day)	___/___/___	___/___/___	If no immunization, give month & year student had mumps ___/___		
Mumps	___/___/___	___/___/___			
Hepatitis A	___/___/___	___/___/___	___/___/___		
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Varicella (Chicken Pox)	___/___/___	___/___/___	If no immunization, give month & year student had chicken pox ___/___		
Meningococcal (MCV4)	___/___/___	___/___/___			

Physician signature or stamp _____

If no change to the immunization record turned in previously, as a parent, please sign here. _____

Please return to Saint Paul Lutheran High School, P.O. Box 719, Concordia, Missouri 64020 or email studentpersonnel@splhs.org