



Mandatory Immunization Form (new students only)

Name: _____
last first initial

Social Security #: _____ Date of Birth _____

All students must comply with the State of Florida's immunization requirements before attending school.

A. Immunizations required for ALL Students: (Record all dates in Month/Day/Year format.)

5 doses of DPT/DT: Dose 1 Dose 2 Dose 3
Month Day Year Month Day Year Month Day Year

Dose 4 Dose 5
Month Day Year Month Day Year

(If the 4th primary dose is administered after the 4th birthday a 5th dose is not required)

Tdap booster: Date
 After age 12. Month Day Year

4 doses of Polio: Dose 1 Dose 2
Month Day Year Month Day Year

Dose 3 Dose 4
Month Day Year Month Day Year

2 doses of MMR: Dose 1 Dose 2
Month Day Year Month Day Year

(Must be given after the 1st birthday)

3 doses of Hepatitis B: Dose 1 Dose 2 Dose 3
Month Day Year Month Day Year Month Day Year

2 doses of Varicella: Dose 1 Dose 2 **OR** History of the disease _____
 (Chicken Pox) Month Day Year Month Day Year Year

B. Requirements for International Students only:

Tuberculosis Skin Test (PPD by Mantoux within the past year)

Date placed Date Read Result _____ Neg Pos
Month Day Year Month Day Year Record in mm

If positive PPD, a chest x-ray is required. Date of X-ray _____ **Must send a copy of the report**

Name of public health clinic or Physician (office stamp) Physician or authorized signature Date

***PLEASE KEEP A COPY FOR YOUR RECORDS**

Important!

Do Not Delay!

**Immunization Form required to proceed
with class registration at Bolles**

Obtaining proof of immunizations may be a time-consuming process, so start now!

**Bolles will accept the official State of Florida Certificate of Immunization form
issued by local health departments and physicians' offices as a substitute for the
Mandatory Immunization Form.**

**Mail or fax form at least three (3) weeks prior to school beginning to:
The Bolles School Health Center
7400 San Jose Boulevard
Jacksonville, FL 32217**

Fax: (904) 739-9929

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