



Blue Mountain Academy

Immunization Records

Student's Name (Print or Type)	Social Security #	Birth Date	Current Grade
Home Address		Phone ()	
Street Address	City	State	Zip

Medical Exemption (The physical condition of the student listed above is such that immunization would endanger life or health)

Religious Exemption (Include in writing a strong moral or ethical conviction related to a religious belief by parent/guardian)

Immunization	Date	Date	Date	Date	Date
	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	Booster
Diphtheria, Pertussis & Tetanus	✓	✓	✓	✓	✓
Oral Polio	✓	✓	✓	✓	
Hepatitis B	✓	✓	✓		
Measles – Mumps – Rubella	✓	✓			
Titer:					
Varicella (2 doses if given after age 13)	✓	✓			
Date of the Disease:					
Tb Screening (annually)	✓	✓	✓	✓	
Tb Tested					
Tb Read					
Tb Result (mm)					
Meningococcus Vaccine (Recommended for Boarding Schools & Colleges)					
Other:					

Signature of Parent/Guardian	Date
------------------------------	------

✓ Necessary Doses – Record date