## IMMUNIZATION FORM BUCKINGHAM UNITED METHODIST PRESCHOOL

## 1212 W. Buckingham Road Garland, TX 75040

This form or a copy of their shot record must be turned in to our office prior to the child attending class. If you choose to use the Immunization Waiver from the State, you must supply a letter of intent to get this form. The Waiver must be in the BUMP office no later than thirty days after school begins.

Child's Name	Birth Da	te
Home Address		
The Texas Department of Protectivi immunization records. Note the c		·
DTP/DT/DtaP/ Td		
(one since 4th birthday for ages 4		
Pneumococcal (Prevnar, PCV) (4 doses in infancy or one since	1st birthday) (not required)	
Hib	(one since 1st birthday)	
Polio (IPV)	(one since 4th birthday)	
Measles, Mumps, Rubella	ubella (on or after 1st birthday)	
Documented chicken pox or vac	cination (varicella)	(vaccine on or after 1st birthday)
Hep A	_ (on or after 1st birthday,	6-18 months apart)
Hep B		
Influenza (recomme	ended yearly, but not requir	red)
Physician's Signature		Date
Physician's Phone Number		
Physician's Fax Number		