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| **STUDENT IMMUNIZATION FORM** |

In order to register for classes, the first section (REQUIRED IMMUNIZATION- MMR) of this Student Immunization Form **must** be completed, signed and returned (mail, email) to the Butte Academy of Beauty Culture.

**If your MMR immunization information is incomplete, your registration process will be delayed.**

Name

Last First Middle

Phone Number Date of Birth #

Permanent Address

Street address/P.O.Box City, State, Zip code, Country (if not USA)

**REQUIRED IMMUNIZATION – MMR**

The Butte Academy of Beauty Culture requires each incoming student born on or after 1/1/57 to be protected against measles, mumps, and rubella. Compliance with this requirement is in one of three ways, as follows (check appropriate line)

 1. Born **PRIOR** to January 1, 1957

 2. Receipt of 2 MMR vaccinations **REQUIRES SIGNATURE OF MEDICAL PROVIDER** (at bottom of this page) MMR #1 (date) Must be at 12-15 months of age or later

MMR #2 (date) Usually at age 4-6 years old or older, and at least one month after 1st dose

 3. Blood tests of immunity to measles, mumps, and rubella (attach copy of test results)

Exemption to the required immunization may be granted for medical or religious reasons.

**RECOMMENDED IMMUNIZATIONS**

The following immunizations are recommended to lessen the risk of certain contagious diseases.

 TETANUS-DIPHTHERIA (primary series plus booster)

Primary series with DTaP or DTP #1 #2 #3 #4 #5 (dates) Tetanus-diphtheria booster (circle Td or TdaP) within past 10 years booster #1\_ booster #2 (dates)

 VARICELLA (chicken pox; history of illness, positive blood test for immunity, or two doses of vaccine)

 History of disease (chickenpox) (date)

 Blood test showing immunity (date; attach copy of results)

 dose #1 dose#2 (dates)

 HEPATITIS B (3 shot series, or positive blood test for disease

 dose#1 dose#2 dose#3 (dates)

 Blood test showing immunity (Hep B SAb; date; attach copy of results)

 POLIO ( primary series in childhood)

OPV 4 doses dose#1 dose#2 dose#3 dose#4 (dates) IPV four doses dose#1 dose#2 dose#3 dose#4 (dates)

 MENINGOCOCCAL CONJUGATE VACCINE (two doses, one at age 11-12 and booster dose at age 16)

 dose#1 booster dose (dates)

 HUMAN PAPILLOMA VIRUS (three doses of the vaccine)

 Gardasil Cervarix

 dose#1 dose#2 dose#3 (dates)

Signature of a medical provider Date