



# NORTH BROWARD PREPARATORY SCHOOL

A NORD ANGLIA EDUCATION SCHOOL

## Immunization History Form

**MUST BE COMPLETED BY A LICENSED PHYSICIAN – PLEASE WRITE IN ENGLISH**

Student Name (last, first) \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_

### COVID

Pfizer (2 doses) \_\_\_\_\_ Moderna (2 doses) \_\_\_\_\_ Janssen (1 dose) \_\_\_\_\_

### THE FOLLOWING VACCINATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE IN THE STATE OF FLORIDA:

#### DTP or DTaP 4 or 5 doses

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)      Dose 3: \_\_\_\_\_ (MM/DD/YYYY)      Dose 4: \_\_\_\_\_ (MM/DD/YYYY)

Dose 5: \_\_\_\_\_ (MM/DD/YYYY)      \_\_\_\_\_ (MM/DD/YYYY)

#### Tdap - One vaccine of Boostrix or Adacel brand vaccine required for grades 7-12

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)      (A second dose is only required if the If student did not receive any DTP's or received only a portion of the series)

#### IPV/OPV (Polio) 4 or 5 doses

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)      Dose 3: \_\_\_\_\_ (MM/DD/YYYY)      (Administered after the fourth birthday)

Dose 4: \_\_\_\_\_ (MM/DD/YYYY)      Dose 5: \_\_\_\_\_ (MM/DD/YYYY)

#### MMR (Measles, Mumps, Rubella) – Two doses required if given instead of individual immunization

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      (Administered on or after the first birthday)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)      (Administered after 5 years of age)

**- OR -**

#### Measles

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      (Administered on or after the first birthday)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)      (Administered after 5 years of age)

#### Mumps

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)      Dose 2: \_\_\_\_\_ (MM/DD/YYYY)

#### Rubella

Dose 1: \_\_\_\_\_ (MM/DD/YYYY)





**Hepatitis B - Three doses required**

Dose 1: \_\_\_\_\_ (Administered at  
(MM/DD/YYYY) 2 weeks of age)

Dose 2: \_\_\_\_\_ (Administered at 6  
(MM/DD/YYYY) months of age)

Dose 3: \_\_\_\_\_ (Administered at 9  
(MM/DD/YYYY) months of age)

**Varicella (Chicken Pox) - Two doses required**

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

**- OR -**

Physician-diagnosed history of disease: \_\_\_\_\_  
(MM/DD/YYYY)

**Meningococcal Quadrivalent/ACWY VACCINE (Menactra 16/Menomune) – Recommended first dose: 11 or 12 years of age**

Dose 1: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Physician's Name (MD, DO, NP, RN)

\_\_\_\_\_  
Physician's Telephone

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Physician's Stamp:

**NOTE:** Nord Anglia complies with all State of Florida law regarding immunizations required to begin and remain in school. The school's medical staff will review all submitted medical history documents and immunization records upon the student's arrival at school. Vaccines must have been administered in the time frame given for immunity, or the student will be required to receive a booster vaccine. All students will be taken to a Florida healthcare practitioner to verify the immunization record and receive the required Florida 680 form for school admission, even if the immunizations are complete. Families will be informed by email if their child is in need of additional immunizations as required by state law. The school will take the student to receive all required vaccinations, and the cost is the sole responsibility of the family. We highly recommend that all immunizations be administered in the student's home country prior to arrival. Students without the required vaccinations will be withheld from classes until necessary documentation is received and/or vaccines are given. If the student or parent(s) have a medical or religious reason to opt out of receiving vaccine, this must be detailed in writing and placed in the student's medical file.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

