



**ST. FRANCIS PREPARATORY SCHOOL**  
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**IMMUNIZATION FORM**

LAST NAME                      FIRST                      MIDDLE                      DATE OF BIRTH                      M/F

EXEMPT (DOCUMENTATION MUST BE ATTACHED) RELIGIOUS \_\_\_\_\_ MEDICAL \_\_\_\_\_

DTP, DTaP                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

DT, Td                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Tdap                      ADACEL                      \_\_\_\_\_                      BOOSTRIX                      \_\_\_\_\_

POLIO                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

MMR                      #1 \_\_\_\_\_                      MMR                      #2 \_\_\_\_\_

OR  
 MEASLES #1 \_\_\_\_\_                      MUMPS #1 \_\_\_\_\_                      RUBELLA #1 \_\_\_\_\_

#2 \_\_\_\_\_                      #2 \_\_\_\_\_

HIB                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

HEPATITIS B                      #1 \_\_\_\_\_                      #2 \_\_\_\_\_                      #3 \_\_\_\_\_                      #4 \_\_\_\_\_

HEPATITIS A                      #1 \_\_\_\_\_                      #2 \_\_\_\_\_

MENINGOCOCCAL                      TYPE \_\_\_\_\_                      DATE \_\_\_\_\_                      DATE \_\_\_\_\_

VARICELLA                      \_\_\_\_\_                      DISEASE \_\_\_\_\_                      DATE: \_\_\_\_\_

HPV                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

MANTOUX                      \_\_\_\_\_                      RESULT \_\_\_\_\_

QUANTIFERON                      \_\_\_\_\_                      RESULT \_\_\_\_\_

OTHER                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

SIGNATURE OF MEDICAL  
 PROFESSIONAL

DATE

STAMP

MEASLES, MUMPS, AND RUBELLA OR MMR #1 MUST BE ON OR AFTER THE FIRST BIRTHDAY, AND #2 MUST BE AT LEAST 28 DAYS AFTER #1.

HEPATITIS SERIES: THERE MUST BE AT LEAST 4 MONTHS BETWEEN 1<sup>ST</sup> AND 3<sup>RD</sup> DOSE.  
MINIMUM ACCEPTABLE INTERVAL BETWEEN 1<sup>ST</sup> AND 2<sup>ND</sup> IS 28 DAYS.  
MINIMUM ACCEPTABLE BETWEEN 2<sup>ND</sup> AND 3<sup>RD</sup> IS 56 DAYS.

THE FIRST DOSE OF VARICELLA (CHICKEN POX VACCINE) MUST BE GIVEN ON OR AFTER THE FIRST BIRTHDAY. THE SECOND DOSE MUST BE ADMINISTERED AT LEAST 3 MONTHS LATER.

STUDENTS ENTERING GRADE **9** **MUST HAVE 1 DOSE** OF MENINGOCOCCAL VACCINE. THEY WILL BE REQUIRED TO GET A BOOSTER AT AGE 16.

MENINGOCOCCAL VACCINE (**MCV4**) IS MANDATED FOR ALL 16 YEAR OLDS BY THE DEPARTMENT OF HEALTH. ALL STUDENTS ENTERING SENIOR YEAR MUST RECEIVE AND PROVIDE DOCUMENTATION OF VACCINE BEFORE RETURNING TO SCHOOL IN SEPTEMBER. IF YOUR CHILD HAS HAD A MENINGOCOCCAL VACCINE BEFORE 16 THEY **MUST** RECEIVE A BOOSTER.