



104 Yellow Wood Circle  
 Mooresville, NC 28115

Phone: 704-237-5333  
 Fax: 704-237-5398

The health official **MUST** enter the date each immunization was received in the appropriate spaces below or attach a copy of the immunization record. North Carolina State Law also requires immunization record **MUST** be signed by a physician.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Grade 2017-18 Academic Year: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Enter date of each dose – Month/Day/Year

	#1	#2	#3	#4	#5
*DPT/DT					
*Polio	#1	#2	#3	#4	
**Hib	#1	#2	#3	#4	
*MMR(combined doses)	#1	#2			
Measles	#1	#2			
Mumps	#1	#2			
Rubella	#1				
*Hep B	#1	#2	#3		
*Varicella	#1	#2			
+Tdap	#1				
+MCV	#1				

\* Required by NC State Law

\*\* Required by NC State Law for  
 Children born on or after  
 10/01/91

+ Required by NC State Law for children  
 Entering 7<sup>th</sup> grade or 12 years of age  
 on/after 07/01/2015

Physician's Signature (Required by NC State Law)

\_\_\_\_\_

Date \_\_\_\_\_