

All students are required to submit immunizations under North Carolina Law unless:

North Carolina Recommended Immunizations

Hepatitis A

Human Papillomavirus (HPV)

Use this form if you do not have other proof of immunizations.

_____ / ____ / _____ _92_____
Last Name First Name MI Date of Birth Student ID#

_____ _____ _____ _____
Address City State Zip

REQUIRED IMMUNIZATIONS	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<u>Immunization Name</u>	<u>Dose 1</u>	<u>Dose 2</u>	<u>Dose 3</u>	<u>Dose 4</u>