

Student Verification Form

State law requires students in 6th through 12th grade to show proof of Tdap and Varicella vaccination. Make sure your child gets these vaccine(s) before school starts.

Use this form to confirm your student's Tdap immunization. If your child already got the vaccine, then he or she will not need to get the vaccine again. Bring your student's shot record to the school office OR fill in the dates below and return this form to school.

It is helpful to share the dates when your child received recommended vaccines so that your child's immunization record is up-to-date and complete.

Sincerely,

Lori Koellen, RN
District Nurse
Medical Lake School District

Student Name (*Last, First*)

Student Date of Birth

IMMUNIZATION	DATE GIVEN		
	MONTH	DAY	YEAR
Tdap*			
Varicella #2*			
HPV #1			
HPV #2			
MCV4 #1			
MCV4 #2			

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I certify that the above information is correct and verifiable.

Parent/Guardian Name (*Printed*) _____

Parent/Guardian Signature _____

Parent/Guardian Phone number (*Include Area Code*) _____