



# Immunization Record

\_\_\_\_\_ have your doctor verify where indicated (initials or signature). Alternately, you can provide a copy of your vaccination record (showing name, date, vaccination received). All mandatory immunizations must be provided to Continuing Education **no later than two weeks after program start.**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

SS: \_\_\_\_\_ Postal code: \_\_\_\_\_

VACCINE/DISEASE	DATE	DOCTOR'S VERIFICATION	INFORMATION
			If your vaccination is less than _____ years, a booster is required.