

PRE-K Required Immunization Checklist 2022-2023 (you **MUST** download form before filling it out)

Date _____ Student Legal Name _____ Grade (2022-2023) **PRE-K**
(Last Name) (First Name)
(contact) _____ (cell #1) _____ (cell #2) _____ (email) _____

Student attended school 2021-22:

In CISD

In Texas

Out-of-State

If applicable, name of any Conroe ISD school your child has ever attended in the past: _____

To Meet Texas Requirements for Public School Enrollment:

We must have documentation that the following immunizations have been administered prior to enrolling your child.

Please enter the dates that your child had each vaccine and return this form with a copy of your child's vaccination records.

Student's Date of Birth _____ Date of 1st Birthday _____ 4th Birthday _____
(month/day/year) (month/day/year) (month/day/year)

Write or type the dates in the blanks provided.

Complete

	Diphtheria / Tetanus / Pertussis # 1 _____ 2 _____ 3 _____ 4 _____ 4 doses of DTaP are required (Also called DTaP, Td, Tdap, Kinrix, Pediarix, Daptacel, or Pentacel)	Extra Doses: (not required for pre-K) #5 _____ #6 _____
	Polio (IPV/OPV) # 1 _____ 2 _____ 3 _____ 3 doses of Polio are required (Also called IPV, OPV, Kinrix, Pediarix, or Pentacel)	Extra Doses: (not required for pre-K) #4 _____ #5 _____
	Measles / Mumps / Rubella # 1 _____ 1 dose of MMR after the 1st birthday (4 days before 1st birthday is acceptable) (Also called MMR or MMRV)	Extra Dose: (not required for pre-K) #2 _____
	Varicella # 1 _____ OR had Chicken Pox disease _____ (approximate month/year) 1 dose of Varicella after the 1st birthday (4 days before 1st birthday is acceptable) (Also called Varivax, VZ, or MMRV)	Extra Dose: (not required for pre-K) #2 _____
	Hepatitis B* # 1 _____ 2 _____ 3 _____ 3 doses of Hepatitis B (Also called Hep B, Pediarix, Comvax, or HBV)	* Hepatitis B is NOT the same as HIB (haemophilus influenzae B)
	Hepatitis A # 1 _____ 2 _____ 2 doses of Hepatitis A - both after 1st birthday (4 days before 1st birthday is acceptable) (Also called HAV)	

EXTRA REQUIRED IMMUNIZATIONS FOR PRE-K (HIB and Pneumococcal NOT required after 5 years old)**

HIB (haemophilus influenzae B) - 1 dose after 15 months **OR** 3 doses with 1 dose after 12 months

PNEUMOCOCCAL (Prevnar or PCV) - 1 dose after 24 months **OR** 3 doses with 1 dose after age 12 months **OR** 2 doses after 12 months

Please email this **COMPLETED** form **WITH A COPY** of the immunization record to the school nurse at _____.
If enrolling as a new student next school year during summer months, immunization records may only be periodically reviewed every few weeks.
Check with your physician, or use this worksheet to see what immunizations will be needed to start school.