

Report of Immunizations Needed

Student Name:	DOB:	
Grade Level:	Due Date:	
Notice to Parents/Guardians,		
Education of the Bob Hope School	exas Department of Health and a policy of the B that all students be immunized against Polio, D (Rubella), Chicken Pox and Hepatitis B Vaccir	iphtheria,
required by state law. If immunizate to the Port Arthur Health Department 983-8815. Also, the Mid County C	r a health department showing proof of immunitions are needed, please take this form to either a ent at 449 Austin Avenue. For further information linic near the airport on Viterbo Road can admit ay and Friday from 12:30 p.m. – 4:30 p.m., Wedone number is 719-5964.	a physician or on, please call nister
	y a child under the age of 18, or someone over 1 ing that person consent to sign for the immunization	•
Your child's immunization records	show that the following vaccine(s) is/are neede	d:
Needed Now or Before:		
Polio	Diphtheria/Tetanus Bo	oster-TDAP
Diphtheria/Tetanus Booster	-TDAPMMR Booster	
MMR Booster	HIB (Haemophilus Influ	enza, Type B)
HIB Type B	TB Skin	
Varicella	Varicella	
Meningococcal	Meningococcal	
Diphtheria/Tetanus/Pertuss	is-TDAPHEP A	
HEP B #1	HEP B #2HEP B	#3

Please bring the updated immunization card to the school nurse each time your child receives an immunization.