



*Expanding Horizons...  
Individualizing Excellence*

**LOWER MORELAND SCHOOL DISTRICT**

**NAME** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**VARICELLA (CHICKEN POX) IMMUNITY STATEMENT**

Check one of the following boxes regarding Varicella Immunity:

\_\_\_\_\_ **Varicella Vaccine**                      **Date Given** \_\_\_\_\_

\_\_\_\_\_ **Varicella Lab Evidence**      **Date** \_\_\_\_\_

\_\_\_\_\_ **Varicella Disease**                      **Date** \_\_\_\_\_

**HEPATITIS B IMMUNITY STATEMENT**

**Hepatitis Vaccine**                                      **#1** \_\_\_\_\_

**#2** \_\_\_\_\_

**#3** \_\_\_\_\_

**MENINGITIS VACCINE**

**Menacta Vaccine**                                      **Date Given** \_\_\_\_\_

**Tdap VACCINE**

**Tdap Vaccine**    **Date Given** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Circle One: parent, guardian, MD**