

## ONE HEART AFRICA ACADEMY IMMUNIZATION RECORD

This form must be completed from an immunization record provided by parent or guardian.  
See revers side for instructions.

### I. IDENTIFICATION INFORMATION

CHILD'S NAME : _____	BIRTH DATE : _____
ENTRY GRADE    Pre-    1    2    3    4    5    6	SEX: M <input type="checkbox"/> F <input type="checkbox"/>

II. IMMUNIZATIONS	1st year	2nd year	3rd year	4th year	5th year	6th year
(DTaP/DTP) Diphtheria, Tetanus& pertussis						
(DT)Diphtheria& Tetanus						
(Td) Tetanus& Diphtheria						
(Tdap)Tetanus, Diphtheria						
(IPV/OPV) Polio Vaccine						
(MMR) Measles, Mumps& Rubella (Month, Day& year required)						
(Hib) Haemophilus Influenzas b Required for Pre-K program, children age 2 months to age 5 years.						
(HepB) Hepatitis B						
(Hep A) Hepatitis A						
Chickenpox Check box if history of <input type="checkbox"/>						
Meningococcal						
HIPV (Human Papilloma Virus)						
Other (including influenza Vaccine)						
TB Skin Test (optional) List most recent test						

This record is part of the mandatory permanent pupil records as defined in Ghana Health Service and shall transfer with that record Local health departments.

### FOR SCHOOL USE ONLY:

#### Schedule for Completion (Check dose(s))

VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DtAP/dtp/Td						
Tdap						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						
Mening						
VAR						

### III. DOCUMENTATION

I certify that I reviewed this students' immunization record and it has been transcribed accurately.

Date: \_\_\_\_\_

Admitting Official:

Documentation presented:

- Immunization record
- 

#### IV. Status of Requirements

- A. Immunization
- B. Currently up-to-date; more doses are due later. Needs
- C. Laboratory evidence of immunity to

Exemption for:

- D. Medical Reasons- Permanent  
Date: \_\_\_\_\_
- E. Medical reasons- Temporary  
Date: \_\_\_\_\_
- F. Personal Beliefs  
Date: \_\_\_\_\_