

**Immunizations Record**

Smyrna Christian School  
302.653.2538

STUDENT NAME \_\_\_\_\_

MINIMUM VACCINE REQUIREMENTS FOR PRIVATE SCHOOLS

DPT 4 DOSES	MMR 2 DOSES	TOPV 4 DOSES
#1 _____	#1 _____	#1 _____
#2 _____	#2 _____	#2 _____
#3 _____		#3 _____
#4 _____		#4 _____

Varicella (chicken pox) vaccine

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

**PLEASE ENTER THE DATES OF DOSES IN BLANKS ABOVE.**

Please list any chronic illnesses your child has and the symptoms, which accompany it, so school personnel can be alerted.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Delaware law requires the above vaccines. All children must be properly immunized to attend public or private school in the State of Delaware.

PARENT'S and/or PHYSICIAN'S SIGNATURE

\_\_\_\_\_