



St. Michael's Catholic School

612 N. Center Street
Plymouth, IN 46563

PRESCHOOL IMMUNIZATIONS

Name _____ Date of Birth _____

All children entering preschool must have the following immunizations.

Please fill in the dates.

Minimum requirement: 4 DTP and 3 OPV and 1 MMR

DTP #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

OPV #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ (MUST BE GIVEN AFTER 1ST BIRTHDAY)

MMR #2 _____

Optional :

HIB #1 _____ #2 _____ #3 _____ #4 _____

VARICELLA (CHICKENPOX) _____

MANTOUX (TB test) _____

Required for Kindergarten Entry:

HEP B #1 _____ #2 _____ #3 _____