

NEW STUDENT IMMUNIZATION REPORT FROM

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Initial

Name of Parent \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Kansas Certificate Number \_\_\_\_\_

Address Prior to Moving to Pratt \_\_\_\_\_  
Street No. or P.O. No. City State

Name of Last School Attended \_\_\_\_\_

Certificate Status:

Kansas Certificate Received [ ]

Kansas Certificate Requested by Mail--Will Be Forwarded [ ]

Date Request Sent \_\_\_\_\_

\_\_\_\_\_  
Principal Date

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SCHOOL NURSE USE ONLY

Immunization Process Started \_\_\_\_\_ Scheduled Completion \_\_\_\_\_

Remarks: