

H-2-1	DEPARTMENT OF DEFENSE EDUCATION ACTIVITY REQUIRED IMMUNIZATION CERTIFICATE
-------	---

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0495). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. RETURN COMPLETED FORM TO THE SCHOOL IN WHICH THE STUDENT IS ENROLLING.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 (Department of Defense Domestic Dependent Elementary and Secondary Schools) and 20 U.S.C. sections 921-932 (Defense dependents' education system).
PRINCIPAL PURPOSE: Obtain health related information about a student enrolling or enrolled in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and promote a safe school environment. Determine services to be provided for a student in an equal opportunity to participate in public education.
ROUTINE USES: DoDEA may release information without prior consent within the Department of Defense (DoD) when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a (b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a (b)(2-12), and the "Blanket Routine Uses," published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.
DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the delay or denial of student services.

Immunization Requirements

Medical proof of immunizations must be completed by a medical authority and provided to the school officials at the time of initial registration. The Medical Authority must sign and stamp this form or other forms that they choose to use or provide a copy of the student's printed immunization record.

_____ School (*enter name of school*)

Student Name (<i>Last, First, Middle Initial</i>) _____	Date of Birth (<i>mm/dd/yyyy</i>) _____
---	---

Vaccine	DOSE and DATE VACCINATED				
	Dose 1 (mm/dd/yyyy)	Dose 2 (mm/dd/yyyy)	Dose 3 (mm/dd/yyyy)	Dose 4 (mm/dd/yyyy)	Dose 5 (mm/dd/yyyy)
DTaP Diphtheria, Tetanus, Pertussis					
Hepatitis A					
Hepatitis B					
Influenza (Annual)					
Measles, Mumps, Rubella					
Measles					
Mumps					
Rubella					
Meningococcal					
Polio					
Tdap Booster Tetanus, Diphtheria, Pertussis					
Varicella					
Varicella History of Disease	Date: Month & Year of illness _____				
<i>BCG (not a DoDEA requirement; document if given in past)</i>					
<i>PPD (may be regional requirement)</i>	Date Placed: _____	Date Read: _____	Result: Neg _____mm Pos _____mm		MD Clearance: YES NO

I certify that the minimum immunization requirements have been completed and/or initiated. Immunizations are current until:
 Date: _____ when _____ immunization(s) is/are due.

Signature and Stamp of Medical Authority / Date