



CROFTON COMMUNITY SCHOOL

PO Box 429, North Highway 121
Crofton, Nebraska 68730
Jr./Sr. High (402) 388-2440 Elementary (402) 388-4357
FAX # (402) 388-4265

CHRIS LOOK
Superintendent

JOHNNIE OSTERMIYER
Secondary Principal

MARK WRAGGE
Elementary Principal

IMMUNIZATIONS

Name of Student _____ Date of Birth _____

Parent or Guardian _____

Please complete the chart below or attach a copy of your child's immunization record.

Nebraska law – Title 173, Chp. 3, requires the following immunizations. These are minimum requirements:

- DTaP/DT/DTP – 3 doses. One given on or after the 4th birthday. Additionally, for 7th grade 1 dose of TDaP (contains pertussis booster)
- Polio (OPV/IPV) – 3 doses
- Hepatitis B – 3 doses
- MMR (Measles, Mumps, Rubella) – 2 doses of MMR or MMRV vaccine, given on/after 12 months of age, separated by at least 1 month
- Varicella – 2 doses of varicella (chickenpox) or MMRV vaccine, on/after 12 months of age
- **OR** Varicella Disease Date, including the year _____

***If your child had Varicella (chicken pox) disease, he/she does not need any Varicella shots**

***Written documentation of Varicella disease from parent/guardian or health care provider will be accepted.**

***REQUIRED BY LAW**

IMMUNIZATION RECORD (Month and Year on each shot)

	1 st Dose	2 nd Dose	3 rd Dose	Booster	Booster
DTaP/DT/DTP	*	*	*		
Polio (oral)	*	*	*		
Hepatitis B	*	*	*		
MMR	*	*			
Varicella	*	*			
TDaP (7th grade)	*				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Doctor

Date