



SECOND PRESBYTERIAN CHURCH
 Children's Circle Preschool
 7700 North Meridian Street
 Indianapolis, Indiana 46260
 (317) 252-5517
 Fax: (317) 252-5590

Please drop off or mail in form. Thank you!

Child's Name _____ Birth Date _____

Street Address _____ City _____ Zip _____

Child lives with _____ Name _____ Phone _____

HISTORY OF IMMUNIZATIONS

(Indicate Month/Day/Year)

_____ **DTaP/DT/Td** 1) _____ 2) _____ 3) _____ 4) _____

_____ **Hib vaccine** 1) _____ 2) _____ 3) _____ 4) _____

_____ **Polio** 1) _____ 2) _____ 3) _____

_____ **Hep B** 1) _____ 2) _____ 3) _____

_____ **HepA** 1) _____ 2) _____

_____ **Pevnar/Pneumococcal Conjugate/PCV7**
 1) _____ 2) _____ 3) _____ 4) _____

_____ **MMR** 1) _____

_____ **Varicella (Chicken Pox)**
 1) _____ or Written Statement of History _____

NOTE: To be considered adequately immunized a child of age twenty-four months should have received four DTP inoculations, three oral polio feedings, one inoculation against measles, mumps, and rubella, at least three HIB vaccinations, four Pevnar inoculations, and one Varicella inoculation.

Allergies: (Please be specific!)

Name of Physician Completing Form: _____ Phone # _____

(Please Print)

Physicians Signature _____