

ADMISSION APPLICATION FORM

| Medication Name | Dosage | Frequency | Reason | Start | End Date | Reason for | Reaction |
|-----------------|--------|-----------|--------|-------|----------|-----------------|----------|
| | | | | Date | | Discontinuation | |
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ADMISSION APPLICATION FORM

| VACCINE RECORD | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | 5 th Dose |
| | Mo/Day/Year | Mo/Day/Year | Mo/Day/Year | Mo/Day/Year | Mo/Day/Year |
| Tuberculosis/Mantoux/PPD | | | | | |
| Tetanus & Diphtheria (DTAP) | | | | | |
| Pollo (IPV) | | | | | |
| Measles, Mumps, Rubella (MMR) | | | | | |
| Hepatitis B | | | | | |
| Varicella | | | | | |
| Tetanus, Diphtheria, Acellular Pertussis (TDAP) | | | | | |
| Meningococcal | | | | | |
| Conjugate Vaccine (MCV) | | | | | |

Medical Exemption Attached

□ Religious Exemption Attached