

AISM VACCINATION AND FITNESS CERTIFICATION

(one-time submission; re-submissions only required for incomplete vaccine series)

Section 2: This section to be completed by a Health Care Provider

Student's First Name _____ Student's Last Name _____

Date of Birth _____

a.) Vaccine Requirements

VACCINE	RECORD COMPLETE DATES (month, day, year) OF VACCINE GIVEN				
	1.	2.	3.	4.	5.
DTaP/Td/Tdap					<small>(age 4-6)</small>
Polio (IPV, OPV)				<small>(age 4-6)</small>	
Measles, Mumps, Rubella (MMR)		<small>(age 4-6)</small>			

The yellow fever vaccine is recommended for everyone, but particularly for secondary school students who may be traveling to countries where it is mandatory.

Yellow Fever (For Grade 6 to 12)	1.				
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b.) Fitness Certification (check only one box)

I certify that the above student has been medically evaluated and is deemed fit to participate in all school and sport-related activity.

OR

I certify that the above student has been medically evaluated and he/she requires further evaluation before clearance for activity is given.

 Signature of Licensed Health Care Provider

 Print name or stamp

 Date