



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. <small>(age 10-14)</small>
DTaP/Td/Tdap					
Polio (IPV, OPV)					
Measles, Mumps, Rubella (MMR)					
Yellow Fever (For Grade 6 to 12 only)					

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