

Horizon International Student Program

STATEMENT OF HEALTH

IMMUNIZATION HISTORY

The immunizations listed below are required by all schools in the United States. If a student does not have these immunizations, he or she must get them prior to arrival in the USA. The student will not be able to commence school without them. All students are responsible for the cost of immunizations.

Please read the following to determine which shots the student will need:

TB Test Student must receive this test upon arrival in the USA. Students should avoid having a TB in their home country because it may affect the results of their test in the US. The student will be responsible for the cost of the test plus any x-rays they may need.

Polio (OPV, TOPV, IPV) The student is to receive 4-5 doses unless:
1. The 3rd dose was given at or after the 4th birthday in which case the student is complete with three doses; or
2. The student is 18 years of age or older. Polio vaccination at or after the eighteenth birthday is not required.
Each student should have at least one vaccination after their 4th birthday

**Diphtheria/Tetanus
Containing vaccine
(DTP, DT, Td or DtaP)** The student is to receive 5 doses unless:
1. The 4th dose was received at or after 4 years of age, in which case only 4 doses are required; or
2. If the 1st dose of DTP or DT was received at or after the 1st birthday and the 3rd dose was received at or after the student's 4th birthday, the student is complete with three doses; or
3. The 3rd dose was received at or after the student's 7th birthday. If so, the student is complete with three doses.
Each student should have at least one vaccination after their 4th birthday

Measles Two doses, must be received at or after 12 months of age. A second MMR is recommended, but not required.

Rubella One dose, must be received at or after 12 months of age.

Mumps One dose, must be received at or after 12 months of age.

Varicella (Chicken Pox) One dose, must be received after 12 months of age (If vaccine is given at age 13 or older, 2 doses are required.) or doctor's note stating the date the student has the disease.

Hepatitis B Student must receive a series of three vaccinations.

Please have your physician fill out the following vaccination chart on the next page.

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Student Name: _____ Date of Birth: _____
Mo/Day/Year

VACCINATION CHART

To be filled out by physician.

Vaccine	Date Each Dose Was Given				
	1st Mo/Day/Year	2 nd Mo/Day/Year	3rd Mo/Day/Year	4th Mo/Day/Year	5th Mo/Day/Year
Polio (TOPV)					
Diphtheria/Tetanus containing vaccine (DTP, DT, Td or DTaP)					
Hepatitis B				X	X
Measles <small>Only include vaccinations after 12 months of age.</small>			If no immunization, give date student had Measles.		
Rubella <small>Only include vaccinations after 12 months of age.</small>			If no immunization, give date student had Rubella.		
Mumps <small>Only include vaccinations after 12 months of age.</small>			If no immunization, give date student had Mumps.		
Varicella (Chicken Pox) <small>Only include vaccinations after 12 months of age.</small>			If no immunization, give date student had chicken pox.		

Physician's Signature: _____

Clinic Name: _____

Date: _____

Please place
official physician's
stamp here below: