Forest Lake Academy FLA
Educating Today for Eternity
On-Campus and Distance Learning Programs

International Students Only

Required Immunization Worksheet

Last Name_____ First Name_____. Date of Birth_____

*****The immunizations listed below are required by the State of Florida and must be given prior arriving on campus and must be translated into English.**

DTaP/DTP 1._____. 2._____. 3._____. 4._____. 5._____.

*******5 doses required. IF primary dose is administered on or after the 4th birthday, the 5th dose is not required.**

TdaP Booster 1._____. (This vaccine must contain Pertussis to be accepted.)

*******Must be given to all boarding students.**

Polio 1._____. 2._____. 3._____. 4._____. 5._____.

*******5 doses of the IPV/OPV vaccination must be given to all students.**

MMR/ MMRV 1._____. 2._____.

*******2 doses are required for all students**

Varicella 1._____. 2._____. ***OR*** **Varicella Disease** ._____.

*******All students must have either completed the 2 part vaccination series or have a history of the disease.**

Hepatitis B 1._____. 2._____. 3._____.

*******All students must have completed the 2 or 3 dose approved series.**

Meningitis 1._____. Vaccine type:_____.____

*******All boarding students are required to have this vaccination.**

Physician Signature/Stamp:_____. Date:_____.