

**RALEIGH COUNTY SCHOOLS – GREEN IMMUNIZATION COMPLETE CERTIFICATE ELEMENTARY K - 5**  
**(USE OTHER SIDE OF THIS FORM FOR PRE-K STUDENT OR INCOMPLETE IMMUNIZATIONS)**

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SCHOOL
*DPT/DTaP/TD/TDaP	_____	_____	_____	_____ (Dose after 4 <sup>th</sup> Birthday for Kindergarten)
*MMR	_____	_____	_____	(Both doses after 1 <sup>st</sup> Birthday)
*VARICELLA	_____	_____	_____	(Both doses after 1 <sup>st</sup> Birthday) HX of Chicken Pox/ Date _____
*HEPATITIS B	_____	_____	_____	Minimum age 24 weeks
*POLIO (Oral/IPV)	_____	_____	_____	_____ (Dose after 4 <sup>th</sup> Birthday for Kindergarten)
HIB	_____	_____	_____	HEP A _____
PREVNAR/PCV	_____	_____	_____	_____

**\*Required**

TB Skin Test _____ Pos _____ Neg _____	CXR Date & Results _____	BCG _____	*Risk Assessment if entering from outside of U.S.A
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**PRE-K REQUIREMENTS – 4 DPT/DTaP; 3 Polio/IPV; 1 MMR after first birthday; 1 Varicella after first birthday; 3 Hepatitis B**

**KINDERGARTEN REQUIREMENTS – 4 DPT/DTaP one after 4<sup>th</sup> birthday; 3 Polio/IPV one after 4<sup>th</sup> birthday; 2 MMR after first birthday; 2 Varicella after first birthday; 3 Hepatitis B**

**Provider please mark the appropriate box prior to signing:**  
 \_\_\_\_\_ I have reviewed the available records and to the best of my knowledge the above named student has been adequately immunized for school admission per requirements of the West Virginia Law for school attendance.

\_\_\_\_\_ I have reviewed the available records and to the best of my knowledge the above named student has been adequately immunized for a **“PROVISIONAL”** school admission per requirements of the West Virginia Law for school attendance. **SEE THE BACK OF THIS PAGE FOR PROVISIONAL IMMUNIZATION RECORD.**

<b>Authorized Signature</b>	<b>Medical Facility</b>	<b>Date</b>
I, School Nurse, have reviewed the records available and to the best of my knowledge the above named student has been adequately immunized for school admission per the requirements of the WV Law for School Attendance, Code 16-3-4. School Nurse Signature _____ Date _____		



**RALEIGH COUNTY SCHOOLS - PROVISIONAL IMMUNIZATION CERTIFICATE ELEMENTARY**  
**\*\* Record for Pre-K or Students Requiring Additional Immunizations due to Incomplete Immunizations**

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SCHOOL
*DPT/DTaP/TD/TDaP	_____	_____	_____	_____
*MMR	_____	_____	_____	_____
*VARICELLA	_____	_____	HX of Chicken Pox/ Date _____	_____
*HEPATITIS B	_____	_____	_____	_____
*POLIO (Oral/IPV)	_____	_____	_____	<b>*REQUIRED</b>
HIB	_____	_____	_____	_____
PREVNAR/PCV	_____	_____	_____	_____
HEP A	_____	_____	_____	_____

PROVIDER SIGNATURE	DATE	MEDICAL FACILITY	PHONE NUMBER
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**\*\*NOTE: Students may be provisionally enrolled in Pre-K with at least one dose of each required vaccine and allowed up to eight months, if necessary, to obtain up-to date status.**

VACCINES ARE SCHEDULED FOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
APPOINTMENT DATE

Reviewed by School Nurse: Signature \_\_\_\_\_ Date \_\_\_\_\_

Any parent requesting a medial exemption for their child must follow the process detailed in WV State Code. **A physician must request the exemption and it must be approved by the Commissioner for the WV Bureau for Public Health.** WV does not allow for religious exemptions. The process and required documents for medical exemptions can be found at: <https://oeps.wv.gov/Pages/Medical-Exemptions-Information.aspx>