JOY ACADEMY ONLINE

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STUDENT IMMUNIZATION RECORD FORM

Immunization Records Policy

All enrolled students must provide an official immunization record or equivalent vaccination history from a physician, clinic, hospital, school, government health authority, or other recognized medical source. International students may submit official vaccination records issued in their country or region of residence.

Joy Academy Online maintains immunization records as part of each student's permanent cumulative record. Families are responsible for ensuring that submitted records are accurate and current. Students with medical exemptions must provide supporting documentation from a licensed healthcare provider.

Student Information

Student Name: _____

Date of Birth: _____

Grade Level: _____

Country of Residence: _____

School Year: _____

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IMMUNIZATION DOCUMENTATION

Please attach an official immunization record issued by a physician, clinic, hospital, school, or government health authority.

Vaccines Included in Attached Record

Copy dates from the attached record (YYYY-MM-DD). Date spaces are not required dose counts; leave unused spaces blank. Additional dates may remain in the attached record.

☐ DTaP / DTP / Tdap

DTaP/DTP 1	DTaP/DTP 2	DTaP/DTP 3	DTaP/DTP 4

DTaP/DTP 5	Tdap

☐ Polio

Dose 1	Dose 2	Dose 3	Dose 4

☐ Hepatitis B

Dose 1	Dose 2	Dose 3	Dose 4

☐ MMR

Dose 1	Dose 2

☐ Varicella

Dose 1	Dose 2

☐ Hepatitis A

Dose 1	Dose 2

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Vaccines Included in Attached Record

Dates: YYYY-MM-DD. Spaces are not required dose counts. Additional dates may remain in the attached record.

☐ Hib

Dose 1 | Dose 2 | Dose 3 | Dose 4

☐ Pneumococcal

Dose 1 | Dose 2 | Dose 3 | Dose 4

☐ Meningococcal

MenACWY 1 | MenACWY 2 | MenB 1 | MenB 2

MenB 3

☐ HPV

Dose 1 | Dose 2 | Dose 3

☐ Influenza

Latest season

Date 1 | Date 2

☐ COVID-19

Recent entries; no fixed total

Date 1 | Date 2 | Date 3

☐ Other: _____

Date 1 | Date 2

MEDICAL EXEMPTION

☐ Student has a medical exemption.

Please attach supporting documentation from a licensed healthcare provider.

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PARENT / GUARDIAN CERTIFICATION

I certify that the attached immunization record is a true and accurate copy of my student's vaccination history.

I understand that Joy Academy Online will maintain this documentation as part of the student's permanent cumulative record and may disclose information as required by applicable law.

Parent / Guardian Name

_____

Signature _____ Date _____

REQUIRED ATTACHMENTS

- ☐ Copy of official immunization record
- ☐ Medical exemption documentation (if applicable)

SCHOOL USE ONLY

Date Received: _____ Reviewed By: _____

Record Complete: ☐ Yes ☐ No

Filed in Permanent Cumulative Record: ☐ Yes ☐ No

Review Date: _____