

SAINT RAYMOND HIGH SCHOOL FOR BOYS  
 2151 ST. RAYMOND AVENUE  
 BRONX, NY 10462  
 718-824-5050

STUDENT NAME			DATE OF BIRTH		
STREET ADDRESS			FLOOR/APT #		
CITY	STATE	ZIP CODE	PHONE NUMBER		

Parents or Guardians: The Public Health Law, Section 2164, states that children may not attend school without a certificate of immunizations. **NO STUDENT WILL BE ADMITTED TO ST. RAYMOND HIGH SCHOOL WITHOUT THIS REQUIRED PHYSICAL EXAMINATION AND THE COMPLETION OF THE IMMUNIZATION RECORD.**

TYPE OF IMMUNIZATION	ENTER	EXACT	DATES			
Tdap						
Diphtheria Pertussin Tetanus or (DPT) (4 required)						
Polio: (3 required)						
MMR						
Measles (2 required)						
Mumps (1 required)						
Rubella (1 required)						
Hep "B" (3 dose series)						
HEP "A"						
HPV – 4 Gardasil						
MenactraT/MCV4						
HIB						
Other						

**MANTOUX – Must include date of last test**

Date of last Tuberculin test \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

(If positive give x-ray findings): \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Varicella Disease: \_\_\_\_\_ Vaccine Dates: \_\_\_\_\_

