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IMMUNIZATION INFORMATION

Please bring this form to your Sports Physical along with any immunization records.

Student's Name _____

If you would like your child to receive any of the listed immunizations, please check and sign below. There is no additional charge for immunizations given during the sports physical

_____ Tetanus/Diphtheria/Pertussis (TDaP) 1 shot - Age 11-18 years

_____ MMR 2 doses in Lifetime #1 at 1 yr. - #2 age 4-6 yr. If those aren't administered then catchup dose between ages 11-18

_____ Menactra 2 dose series - recommended by CDC's Advisory Committee on Immunization Practices to reduce meningococcal disease incidence among adolescents and young adults. 1st dose: age 11/ 2nd dose: age 16

_____ Hepatitis B Three shot series*

_____ Hepatitis A Two shot series*

(As of 4/2011, children entering kindergarten will be required to have Varicella and Hepatitis A vaccines).

* The follow up vaccinations can be obtained through our clinics during regular business hours. No appointment necessary, but call in advance for best times. The health department also administers immunizations

_____ **YES**, I want my child to receive the vaccines checked above. I understand the benefits and risks of the vaccine(s). I am authorized to make this request.

_____ **NO**, I do not want my child to receive any vaccinations with this sports physical.

Parent Signature _____ **Date** _____