

**Immunization Record**  
**Hargrave Military Academy**

**This form must be in English and signed by an authorized health practitioner.** The data as documented may be transcribed from previous vaccination records and/or the most recent administrations. This record reflects all known data. Statements such as "Up To Date" or "Complete" will not be accepted. **Admission to the school may be denied on the basis of this information.**

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Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Date Administered Month/Date/Year

Vaccine	One	Two	Three	Four
DTP (specify Type)				
OPV/IPV (specify type)				
MMR (12 months and 4 yrs old)			NA	NA
Hepatitis B				NA
Hepatitis A (HAV) (at least 6 months apart)			NA	NA
Meningococcal Meningitis (1st dose between 11-15 yrs old, 2nd dose required between 16-18 yrs old)			NA	NA
Varicella			NA	NA
HPV (recommended)			3rd dose if needed	NA
PPD (recommended)				
Tdap				

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Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete if this student is a new enrollee to the school, or if additional immunizations have been given this year.

I certify that the immunization dates are true to the best of my knowledge.

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Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Revised December 2024 to meet Virginia Department of Health requirements for grades K-12.*