Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / / 0	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0 / / / / /	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / 2 0	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0
Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 2 0  Birthdate / / / / /  Check one: / / / / / / / /	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 2 0	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / /	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0  Birthdate /
Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / / / /	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / / O	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization
Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 2 _ 0	Tdap (Pertussis Booster) Requirement  Date of Tdap   mmunization	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / _20	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0
Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / _20	Tdap (Pertussis Booster) Requirement  Date of Tdap  Immunization / / _20	Tdap (Pertussis Booster) Requirement  Date of Tdap  Immunization / / 2 _ 0  MM / _ /	Tdap (Pertussis Booster) Requirement  Date of Tdap Immunization / / 0  Birthdate / / / / YYYY  Check one:  Tdap was given on or after 7th birthday. (Id does not meet requirement.)  Medical exemption from physician on file.  Tdap personal belief exemption affidavit from parent/guardian on file.  School Staff Name  Today's Date  Student Name or ID