

LA JOYA INDEPENDENT SCHOOL DISTRICT
HEALTH RECORD

Name: _____ D.O.B. _____ I.D.#: _____ Allergies: _____

IMMUNIZATION RECORD												
DTP/TD/DTAP												
TDAP												
Polio												
MMR						Hep. A						
Measles						Hep. B						
Varicella						HPV						
PCV7						MCV						
HIB												

TB Skin Test							
Date:	Results:	Date:	Results:	Date:	Results:	Date:	Results:
Date:	Results:	Date:	Results:	Date:	Results:	Date:	Results:
Date:	Results:	Date:	Results:	Date:	Results:	Date:	Results:
Chest X-Ray							
Date:	Results:	Date:	Results:	Date:	Results:	Date:	Results:

SCOLIOSIS		
DATE	RESULTS	SCREENER

SCOLIOSIS		
DATE	RESULTS	SCREENER

