

**TORRANCE UNIFIED SCHOOL DISTRICT
Tdap Requirement Form**

Report of Pertussis Immunization to the School

Student Name (Please print): Last		First	Date of birth: ____/____/____	Grade:
Immunization Received	Date of Immunization			
£ Tdap (Boostrix, Adacel) £ DTap £ DTP	____/____/____* *Must be given on or after 10 th birthday (a Tdap that has been given after the 7 th birthday will also be accepted)			
Health Care Providers's Signature (Required)	Health Care Provider/Clinic Stamp (Required)		Phone Number	

PLEASE RETURN TO SCHOOL HEALTH OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN JUNE 1st

BY LAW, STUDENTS WHO DO NOT HAVE PROOF OF RECEIVING A Tdap BOOSTER SHOT WILL NOT BE ABLE TO START SCHOOL IN THE FALL UNTIL PROOF IS PROVIDED

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