

SKY PEOPLE HIGHER EDUCATION
 NOTHERN ARAPAHO TRIBE
 JOB, PLACEMENT & TRAINING (AVT)

Certificate of Immunization is to be documented by the physician, their personnel or health representative (include title). Please return with JPT application. This form is needed to complete your application.

Last Name _____ First Name _____ MI _____
 Address _____

Date of Birth _____ Enrollment # _____
 Social Security # _____

REQUIRED VACCINATIONS	Record the Month, Day & Year that each dose of vaccine was received		
MMR (Measles, Mumps & Rubella)	1 st	2 nd dose after 1989	
MMR (Measles, Mumps & Rubella)	1 st		

I certify I reviewed the student applicant's vaccinations record and transcribed it accurately.

Signature _____ Agency _____

Name and Title (Printed) _____

RECOMMENDED VACCINATIONS	Record the Month, Day & Year that each dose was received		
Tetanus & Diphtheria	Date of most recent		
Polio	Date		
Meningitis	Date		
Varicella	Date		
Hepatitis B	Date	Date	Date
Hepatitis A	Date	Date	

STATEMENT OF EXEMPTION TO IMMUNIZATION

If your religious or specific medical condition(s) prelude vaccination, then you are subject to exclusion from school and/or quarantine.

Medical Exemption signed by a Medical Doctor (MD) or Doctor of Osteopathy (DO). Please describe the specific medical condition.

Signature _____ Date _____

Religious Exemption signed by student applicant

Signature _____ Date _____