

JAMES HOPE



COLLEGE

PRECAUTION NOTE

James Hope College hereby request that parents ensure their children’s immunization against the following are up to date.

Student Name

		DATE	TYPE OF VACCINE	NO OF DOSES /BOSTER DOSES	IMMUNIZATION DATE DUE	OFFICAL STAMP OF VACCINATION CENTER	SIGNATURE OF VACCINATOR
1	CHICKEN POX						
2	MMR						
3	HEPATITIS B						
4	MENINGITIS						
5	TYPHOID FEVER						
6	OTHER						
7	YELLOW FEVER						

NOTE: This is for those that have not taken or completed their immunization (Booster doses), if completed please attach a copy of the immunization card.

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