

NAME



(Nick Name)

SYSTEM

Canaan Co

SCHOOL*

HMS

IMMUNIZATION COMPLETE

X FAMILY DATA

Parent or Guardian	Name	Place of Birth	Educational Status	Occupation	Sex, Phone	Marital Status	Living or Dead
Father (Stepfather)							
Mother (Stepmother)							
Guardian (Relationship)							
Other Adult with Whom Student Lives							

XI. MEDICAL RECORD

D.O.B.

MONTH DAY YEAR

Immunizations	Date	Date	Date	Date	Date
DTP, DT	[Redacted]				
Td					
POLIO	[Redacted]				
MMR	[Redacted]				
Hib	[Redacted]				

CONFIDENTIAL