



Community Health Centers
Healthcare For Life

Your son/daughter needs the following immunizations:

- Hepatitis A
- Hepatitis B
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- TD (Tetnus, Diptheria)
- Tdap (Tetnus, Diptheria, Pertussis)
- VZ (chickenpox)
- HPV (Human Papillomavirus)
- Meningococcal
- TB Skin Test (Tuberculosis)

I, _____ give CHC authorization to immunize my
(parent/guardian name)
child, _____ with the necessary vaccines needed.
(name of student)

Signature: _____ Date: _____

(Please bring immunization record to your appointment)