



# Right Track Academy

*Building Self-Esteem Through the Arts*

8340 Bandford Way,  
Suite 001  
Raleigh, NC 27615

919-846-1866  
info@righttrackacademy.com  
www.righttrackacademy.com

## Immunization History

Parents: Please complete the following questions concerning your child’s immunization history and/or you may attach a photocopy of your child’s current immunization record.

### Immunization Series

Child’s Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # : \_\_\_\_\_

### Immunizations: (Month/day/year)

DTP: \_\_\_\_\_

DTaP: \_\_\_\_\_

DT: \_\_\_\_\_

HIB: \_\_\_\_\_

IPV: \_\_\_\_\_

OPV: \_\_\_\_\_

MMR: \_\_\_\_\_

VARICELLA : \_\_\_\_\_

HEPATITIS B: \_\_\_\_\_

\* If there is any specific questions or concerns you have concerning your child’s immunizational history and how it pertains to his/her time at Right Track Academy, please speak directly with a member or management.

I hereby state that the above listed information or any information attached to this document by me is correct and current. I agree to update this information in a timely manner as any changes occur.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date