

Registration Day Required Items Checklist Examples

1. Student's Social Security Card



2. Immunization Record

 **State of Louisiana Universal Certificate for Higher Learning**

Expiration Date: 06/25/2001 Vaccine: DTap/DT/TTdap*
This record is invalid without a proper expiration date

Child's Name: JOHN DOE Date of Birth: 04/26/2001 Parent or Guardian: JASON
SES Patient ID: 37

Vaccine	MONTH, DAY AND YEAR EACH DOSE WAS GIVEN						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
MMR	05/11/2002	07/10/2002					
Hib	06/18/2001	08/20/2001	10/15/2001				
Hep B - 3 Dose	05/23/2001	10/15/2001					
Varicella	07/10/2002						

* School Entry Complete-Minimum: 4-DTP, 3-Polio (last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B
 ** Daycare Center: Hib also required
 *** Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry
 **** As a result of Hurricanes Katrina and Rita in 2005, many immunization records were destroyed or lost. Impacted children should be considered up-to-date for enrollment as long as they show proof of having received age-appropriate immunizations.
 Varicella History:

I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana, Department of Health and Hospitals, Office of Public Health until the expiration date above.

February 13, 2008

Authorized Signature _____ Date _____ Clinic of Issue _____

Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars, or both, pursuant to R.S. 14:132 or R.S. 14:133.

3. Birth Certificate

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF BIRTH

CHILD'S NAME (LAST, FIRST, SECOND) _____

BIRTH NO. 1 _____

BIRTH DATE _____ TIME OF BIRTH **04:44 AM** SEX **F** NUMBER BORN **1** BIRTH ORDER **1**

PLACE OF BIRTH (CITY, TOWN, OR LOCATION) _____

NAME OF HOSPITAL OR INSTITUTION _____

RESIDENCE OF MOTHER (CITY, TOWN, OR LOCATION) _____

PARISH _____ STATE _____ ZIP Code _____

STREET ADDRESS OF RESIDENCE _____

FATHER'S NAME (LAST, FIRST, SECOND) _____

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY) _____

AGE AT THIS BIRTH _____

MOTHER'S MAIDEN NAME (LAST, FIRST, SECOND) _____

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY) _____

AGE AT THIS BIRTH _____

FILE DATE _____ DATE ISSUED _____

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT
ISSUED BY: Ferrara, Janice

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Devin George
DEVIN GEORGE
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS COPY.