

**TORRANCE UNIFIED SCHOOL DISTRICT  
Tdap Requirement Form**

**Report of Pertussis Immunization to the School**

Student Name (Please print): Last		First	Date of birth: ____/____/____	Grade:
Immunization Received	Date of Immunization			
£ Tdap (Boostrix, Adacel) £ DTap £ DTP	____/____/____* *Must be given on or after 10 <sup>th</sup> birthday (a Tdap that has been given after the 7 <sup>th</sup> birthday will also be accepted)			
Health Care Providers's Signature (Required)	Health Care Provider/Clinic Stamp (Required)		Phone Number	

**PLEASE RETURN TO SCHOOL HEALTH OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN JUNE 1<sup>st</sup>**

**BY LAW, STUDENTS WHO DO NOT HAVE PROOF OF RECEIVING A Tdap BOOSTER SHOT WILL NOT BE ABLE TO START SCHOOL IN THE FALL UNTIL PROOF IS PROVIDED**

**TORRANCE UNIFIED SCHOOL DISTRICT  
Tdap Requirement Form**

**Report of Pertussis Immunization to the School**

Student Name (Please print): Last		First	Date of birth: ____/____/____	Grade:
Immunization Received	Date of Immunization			
£ Tdap (Boostrix, Adacel) £ DTap £ DTP	____/____/____* *Must be given on or after 10 <sup>th</sup> birthday (a Tdap that has been given after the 7 <sup>th</sup> birthday will also be accepted)			
Health Care Providers's Signature (Required)	Health Care Provider's Stamp (Required)		Phone Number	

**PLEASE RETURN TO SCHOOL HEALTH OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN JUNE 1<sup>st</sup>**

**BY LAW, STUDENTS WHO DO NOT HAVE PROOF OF RECEIVING A Tdap BOOSTER SHOT WILL NOT BE ABLE TO START SCHOOL IN THE FALL UNTIL PROOF IS PROVIDED**