

Grace Christian School Tdap Booster Immunization Form

Faith · Preparation · Leadership · Service · Community · Spirit



My child _____ received their Tdap on
(date) _____ and their MCV4 on (date) _____.

Parent Signature

Physician Signature/Stamp

Please return this form before check in day August 10, 2014. Required for all incoming 7th grade students.

**Grace Christian School
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