WINDERMERE PREPARATORY SCHOOL
A NORD ANGLIA EDUCATION SCHOOL

Immunization Form for Windermere Preparatory School

The State of Florida is very strict about the immunizations required for ALL students who attend school; therefore, it is imperative that we receive this form, completed by a doctor, in order to verify a student's immunizations and determine compliance with Florida law. While many immunizations are the same in other countries, there are specific guidelines which must be checked by a Florida doctor.

Please have your child's doctor complete the form on the next page and submit to ResidentialLife@windermereprep.com as soon as possible. You are welcome to send this first while completing all other documents.

This will allow us enough time to verify the records and indicate if there are any issues according to the State of Florida and will give you the opportunity to get the missing vaccines before coming to the US (all updates should be sent in advance).

This form must be completed by a licensed physician and written in English. Any records that require a translation will incur a $50 translation fee billed to the student account.

Listed below are the required vaccinations to attend school in the state of Florida for grades 7-12.

-4-5 DTaP vaccines
-3 Hep B vaccines
-3 or 4 doses of Polio vaccine
-2 MMR vaccines
-2 Varicella vaccines
-1 Tdap

You can also visit https://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/school-immunization-requirements/index.html#preschoolEntry to receive more information.

MAGNUS NOTIFICATION - In June, you will be receiving an invitation to join our health portal, MAGNUS. Our ResLife team will be adding the immunization and physical requirements for you to this portal. Your registration and completion of MAGNUS will include questions regarding consent to treat, over-the-counter medications consent, Flu Vaccine consent, and more vital health questions for our records. Please be on the lookout in JUNE for this invitation.

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Immunization Form for Windermere Preparatory School (continued)

Student Last Name: _____

Student First Name: _____ American Name: _____

Current Address: _____

Date of Birth: ____/____/____ Gender: M F

	Date mm/dd/yyyy	Date mm/dd/yyyy	Date mm/dd/yyyy	Date mm/dd/yyyy	Date mm/dd/yyyy	Date mm/dd/yyyy	Total Doses
DTP, DTap							4 or 5
Tdap							1
OPV/IPV Polio							3 or 4 or 5
Measles, Mumps, Rubella MMR							2 of each
Hepatitis B							3
Varicella Vaccine or Chicken Pox							2 or Immune
Others							

Physician's Name: _____

Physician Signature: _____ Date: _____