

Physical Examination For School Enrollment

Name _____ Return by _____

School _____ Gender _____ Birthdate _____

MEDICAL HISTORY

	Circle One	Year		Circle One	Year		
<u>Convulsions or Epilepsy</u>	No	Yes	_____	<u>Allergy</u>	No	Yes	_____
<u>Asthma</u>	No	Yes	_____	<u>Diabetes</u>	No	Yes	_____

If history of chickenpox please give month and year of disease, along with parent and physicians signature. Month / Year _____ Parent Signature _____

Physicians Signature(Required pre k-7th) _____

IMMUNIZATION HISTORY

Indiana Code 20-8.1-7-9.5 requires that all students enrolled in school have a written statement of his/her immunizations on file. Rules change, (410 IAC 1-1-1) states that all students have the following immunizations:

MUST LIST MONTH, DAY AND YEAR IMMUNIZATION

DTAP/DT/TD 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

HEP B 1. _____ 2. _____ 3. _____ 4. _____

MMR 1. _____ 2. _____ VARIVAX 1. _____ 2. _____

HEP A 1. _____ 2. _____ REQUIRED FOR KINDER thru 3rd Gr
(Recommended for all others)

TDAP 1. _____ REQUIRED FOR 6TH GR and up

MENINGITIS 1. _____ REQUIRED FOR 6TH GR and up

Immunizations may be received Monday through Thursday, 9:00 AM to 4:00 PM. Lake Co. Health Dept. Call 755-3658 for additional information. **YOU MUST BRING IMMUNIZATION RECORD**

PHYSICIAN'S EXAMINATION

PHYSICAL and NUTRITIONAL DEVELOPMENT _____

HT. _____ WT. _____ NOSE _____ THROAT _____ CHEST _____ ABDOMEN _____

EXTREMITIES _____ MENTAL AND NUTRITIONAL DEVELOPMENT _____

PHYSICAL EDUCATION: NOT RESTRICTED _____ RESTRICTED _____

REASON _____ DATE _____

PHYSICIAN'S SIGNATURE _____ DATE _____

2017-2018 School Year

School Entry Immunization Requirements

Below are the number of doses and each vaccine required for school entry. Changes for this year include the Hepatitis A vaccine for grades K-3.

<i>3 to 5 years old</i>	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps & Rubella) 1 Varicella	
<i>K-3rd grade</i>	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 2 Hep A (Hepatitis A)
<i>Grades 4 to 5</i>	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 2 Hep A*
<i>Grades 6 to 11</i>	3 Hep B 5 DTaP 4 Polio 2 Hep A*	2 MMR 2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal)
<i>Grade 12</i>	3 Hep B 5 DTaP 4 Polio 2 Hep A*	2 MMR 2 Varicella 1 Tdap (Tetanus & Pertussis) 2 MCV4 (Meningococcal) MenB (Meningococcal B)*

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 5th grade, the final dose must be administered on or after the 4th birthday, and be administered at least 6 months after the previous dose.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

MCV4 Individuals who receive dose 1 after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose is 6 calendar months. K-3 is required.

*For grades 4-12, two doses of Hep A are recommended.

MenB A complete series of Meningococcal Serogroup B vaccine.

*For grade 12, a complete series of MenB is recommended