

**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 3<sup>rd</sup> Gr  
(Recommended for all others)

TDAP              1. \_\_\_\_\_      REQUIRED FOR 6<sup>TH</sup> GR and up

MENINGITIS      1. \_\_\_\_\_      REQUIRED FOR 6<sup>TH</sup> 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.

<b><i>3 to 5 years old</i></b>	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps & Rubella) 1 Varicella	
<b><i>K-3rd grade</i></b>	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 2 Hep A (Hepatitis A)
<b><i>Grades 4 to 5</i></b>	3 Hep B 5 DTaP 4 Polio	2 MMR 2 Varicella 2 Hep A*
<b><i>Grades 6 to 11</i></b>	3 Hep B 5 DTaP 4 Polio 2 Hep A*	2 MMR 2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal)
<b><i>Grade 12</i></b>	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 3<sup>rd</sup> dose of Hepatitis B is 24 weeks of age.

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

**Polio** Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4<sup>th</sup> 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 5<sup>th</sup> grade, the final dose must be administered on or after the 4<sup>th</sup> 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 7<sup>th</sup> grade. Parental report of disease history is acceptable for grades 8-12.

**MCV4** Individuals who receive dose 1 after their 16<sup>th</sup> birthday only need 1 dose of MCV4.

**Hep A** The minimum interval between 1<sup>st</sup> and 2<sup>nd</sup> 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