



755-3655 / 755-3656 / 755-3657

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Health Officer

**PRE-SCHOOL ENTRY**

SCHOOL \_\_\_\_\_ RETURN BY \_\_\_\_\_  
NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DTAP/DT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (4 DOSES)

IPV 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ (3 DOSES)

HEP B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (3 OR 4 DOSES)

MMR 1. \_\_\_\_\_ (1 DOSE)

VARIVAX 1. \_\_\_\_\_ 2. \_\_\_\_\_ (1 DOSE REQUIRED -  
2 RECOMMENDED)

HEP A 1. \_\_\_\_\_ 2. \_\_\_\_\_ (RECOMMENDED)

**MINIMUM IMMUNIZATON REQUIREMENTS FOR PRE SCHOOL ENTRY  
PUBLIC LAW : IC 20-8.1-7-11.**

Beginning in the 2010-2011 school year, Rule change, 410 IAC 1-1-1 states that all children have the above requirements. If your child has had the chickenpox disease, we MUST have have a PHYSICIAN written documentation of history of the disease, including the MONTH and YEAR OF THE DISEASE.

CHICKENPOX DISEASE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_