

NORTH LAWRENCE COMMUNITY SCHOOLS
STUDENT HEALTH AND IMMUNIZATION RECORD

STUDENT'S NAME _____ BIRTH DATE _____

SEX: Male () Female () SCHOOL: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ ALLERGIES: _____

SPECIAL HEALTH NEEDS: _____

ROUTINE MEDICATIONS: _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN OR NURSE

DTP	Polio	MMR	Hepatitis B
Date Given	Date Given	Date Given	Date Given
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	Varicella	3.
4.	4.	1.	Hepatitis A
5.		2.	1.
			2.

Tuberculin Test Date: _____

THIS SECTION TO BE FILLED OUT BY PHYSICIAN

General Physical Appraisal of Child: _____

B/P _____ Pulse _____ Respirations _____ Throat _____

Eyes _____ Ears _____ Nose _____ Chest _____ Abdomen _____

Examining Physician: _____ Date of Exam: _____

THIS SECTION TO BE FILLED OUT BY DENTIST

_____ Needs immediate dental care _____ Needs routine dental care

_____ Teeth in good condition _____ Receives regular dental care

Dentist: _____ Date of Exam: _____

According to Indiana State Law, no child will be permitted to attend school unless he/she is fully immunized. The only exception to this requirement is a child for whom the vaccines are medically contraindicated, or children whose parents have filed a written statement of religious objection. Written objections must be renewed each school year.

2014-2015

Minimum Immunization Requirements for Students Enrolled in Kindergarten/1st

- 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the fourth dose was administered on or after the fourth birthday and at least 6 months after the 3rd dose).
- 4 doses of any combination of **IPV** or **OPV**. **The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose.** (3 doses of all OPV or all IPV are acceptable if the third dose was administered on or after the fourth birthday, and at least 6 months after the 2nd dose).
- 3 doses of hepatitis B vaccine (3rd dose must be on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose)
- 2 doses of Hepatitis A vaccine 2nd dose must be administered 6 months after the 1st dose
- 2 doses of measles (rubeola) vaccine on or after the first birthday.
- 2 doses of mumps vaccine on or after the first birthday.
- 1 dose of rubella (German measles) vaccine on or after the first birthday;
- **2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 28 days or physician written documentation of history of chickenpox disease, including month and year of disease**