

**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 3<sup>rd</sup> dose).
- 4 doses of any combination of **IPV** or **OPV**. **The 4<sup>th</sup> dose must be administered on or after the 4<sup>th</sup> 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 2<sup>nd</sup> dose).
- 3 doses of hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age and no earlier than 16 weeks after the 1<sup>st</sup> dose)
- 2 doses of Hepatitis A vaccine 2<sup>nd</sup> dose must be administered 6 months after the 1<sup>st</sup> 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**