

Physical Examination For School Enrollment

Name _____ Return by _____

School _____ Gender _____ Birthdate _____

MEDICAL HISTORY

	<u>Circle One</u>		<u>Year</u>		<u>Circle One</u>		<u>Year</u>
<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 disease please give month and year of disease, along with parent and physicians signature. Month / Year _____ Parent Signature _____

Physicians Signature(Required pre k-11th) _____

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 K thru 7th and
12th grades. (Recommended for all others)

TDAP 1. _____ REQUIRED FOR 6TH Gr and up

MENINGITIS 1. _____ 2. _____ 1 REQUIRED FOR 6TH Gr and up 2 required for 12th gr

Immunizations 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 and insurance information.

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 _____