



ST JOHN
the **EVANGELIST**

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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 1AC 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: _____