Physical Examination For School Enrollment

Name ______________________________ Return by ____________________

School ____________________________ Gender __________ Birthdate __________

MEDICAL HISTORY

	Circle One	Year		Circle One	Year
Convulsions or Epilepsy	No Yes	______	Allergy	No Yes	______
Asthma	No Yes	______	Diabetes	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 1AC 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__________