



755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.
Health Officer

Student name _____ Date _____

School _____ Grade _____

Return by _____

Beginning school year 2010-2011, Rule change 410 IAC 1-1-1 states
All students Grades 6-12 must have the following immunizations:

TDAP 1. _____ (1 DOSE REQUIRED)

MENACTRA (meningitis) 1. _____ (1 DOSE REQUIRED)

VARIVAX (chickenpox) 1. _____ 2. _____ (2 DOSES REQUIRED)

If child has history of chickenpox illness, no vaccine is required, please provide month / year of illness with parent signature.

Date _____ Signature _____

HEP A 1. _____ 2. _____ (OPTIONAL)

HPV 1. _____ 2. _____ 3. _____ (OPTIONAL)

Immunizations may be received free of charge Monday – Thursday, 9am to 4 pm at the Lake Co. Health Dept. No appt. necessary. Must bring immunization record with you. Call 755-3658 for additional information.