



755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O. Health Officer

Physical Examination For School Enrollment

Name Sex Birthdate Address City, State, Zip Parent or Guardian Phone

MEDICAL HISTORY

Table with columns for medical conditions (Convulsions, Chickenpox, Asthma, Allergy, Diabetes) and response options (Circle One No Yes Year).

Other medical problems Information regarding your child's health you wish to be brought to the attention of the nurse, or the teacher, please make a note of it

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

Table for immunization history with rows for DTAP/DT/TD, POLIO, HEP B, MMR, and VARIVAX, each with 5 numbered columns for month, day, and year.

Immunizations may be received free of charge Monday through Thursday, 9:00 AM to 4:00 PM. Call 755-3658 for additional information. You MUST bring your child's record with you.

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