

2nd - 5th grade



755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.
Health Officer

School _____

Return by _____

Name _____ Sex _____ Birthdate _____

Address _____ City _____

Parent or Guardian _____ Phone _____

Medical History

Convulsions / Epilepsy	No	Yes	Year _____	Allergy	No	Yes	Year _____
Chickenpox	No	Yes	Year _____	Diabetes	No	Yes	Year _____
Asthma	No	Yes	Year _____				

Any other medical conditions or problems.

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. Rule change, 410 IAC 1-1-1 states that all students have the following immunizations. *Must list month / day / year of immunization.* Please complete the following or attach a copy of record.

DTAP/DT/TD 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO 1. _____ 2. _____ 3. _____ 4. _____

HEP B 1. _____ 2. _____ 3. _____ 4. _____

MMR 1. _____ 2. _____

VARIVAX 1. _____ 2. _____ (2 doses required for pre-k, kindergarten, and 6th grade – 12th grade or pre-k and kindergarten requires physicians documentation of illness. 6th – 12th parents documentation of illness)

Date of illness _____ Parent Signature _____

Physicians Signature _____

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

2nd. 5th grade

Indiana State Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
2010-2011

Grade	Minimum Immunization Requirements
Grades 2-5	<ul style="list-style-type: none">• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose).• 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday).• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).• 2 doses of measles (rubeola) vaccine on or after the first birthday.• 2 doses of mumps vaccine on or after the first birthday.• 1 dose of rubella (German measles) vaccine on or after the first birthday.• 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.