



Kindergarten

755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.
Health Officer

STUDENT VISION SCREENING REPORT

Indiana Public Law No. 140-1986 states that a screening be administered to all Kindergarten to determine defects in visual acuity, binocular coordination, and refractive error.

NAME _____ GRADE _____ DATE _____

SCHOOL _____ TEACHER _____

SCREENED WITH GLASSES YES _____ NO _____

1. VISUAL ACUITY NEAR RT _____ LT _____

FAR RT _____ LT _____

2. BINOCULAR COORDINATION PASS _____ FAIL _____

3. REFRACTIVE ERROR PASS _____ FAIL _____

4. OCULAR HEALTH PASS _____ FAIL _____

REMARKS _____

RESULTS (CIRCLE ONE) PASS BORDERLINE FAIL

PHYSICIANS SIGNATURE _____

EYE DOCTOR'S REPORT

CORRECTED VISUAL ACUITY RT _____ LT _____

1. If corrective lenses are prescribed, they are for
a. constant wear _____ b. Desk work only _____

2. Comments _____

DATE _____ SIGNATURE _____

** PLEASE RETURN TO SCHOOL NURSE

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Physical Examination For School Enrollment

Name _____ Sex _____ Birthdate _____

Address _____ City, State, Zip _____

Parent or Guardian _____ Phone _____

MEDICAL HISTORY

	Circle One	Year		Circle One	Year
Convulsions or Epilepsy	No	Yes	_____	Allergy	No Yes
Chickenpox	No	Yes	_____	Diabetes	No Yes
Asthma	No	Yes	_____		

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

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. _____	(2 DOSES FOR PRE-K, KINDERGARTEN AND 6 TH - 12 TH GRADE)		

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 _____

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

Grade	Minimum Immunization Requirements
Kindergarten	<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. The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose. (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday, and at least 6 months after the 2nd dose).• 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose).• 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.• 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.