Kindergarten Students
All New Students
Excludes Pre-Kindergarten Students
2015/2016

Physical Examination For School Enrollment

School_____ Return by _____

Name_____ Gender_____ Birthdate_____

Address_____ City, State, Zip_____

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 please give month and year of disease, along with parent signature.
Month / Year_____ Parent Signature _____
Physicians Signature(Required for PreK-7th grade)_____

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 KINDERGARTEN & 1st gr. RECOMMENDED FOR ALL OTHER GRADES)		

Immunizations may be received Monday through Thursday, 9:00 AM to 4:00 PM.
Call 755-3658 for additional information. YOU MUST BRING IMMUNIZATION RECORD

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_____