

Student name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Return by \_\_\_\_\_

Rule 410 1AC 1-1-1 states  
All students **Grades 6-12** must have the following immunizations:

TDAP	1. _____	(1 DOSE REQUIRED)
MENINGITIS	1. _____	(1 DOSE REQUIRED 6 <sup>TH</sup> -11 <sup>TH</sup> 2 DOSES REQUIRED 12 <sup>TH</sup> GR)
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. Physician signature also required for 6<sup>th</sup> AND 7<sup>th</sup> grades.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

HEP A	1. _____ 2. _____	(RECOMMENDED)
HPV	1. _____ 2. _____ 3. _____	(RECOMMENDED)

Immunizations may be received Monday – Thursday, 9am to 4 pm at the Lake Co. Health Dept. No appt. necessary. **MUST BRING IMMUNIZATION RECORD.** Call 755-3658 for additional information.