

Student name _____ Date _____

School _____ Grade _____

Return by _____

Rule 410 IAC 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 TH -11 TH 2 DOSES REQUIRED 12 TH 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 children thru 8th grade.

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.