Kindergarten Students

New Students

(For use when no physical is required)

2018/2019

CPCS

Name ____________________________________ Return by_____________________

School_________________________________ Grade_____Sex_____ Birthdate________________

Parent or Guardian ____ Phone ______________

Medical History

Convulsions / Epilepsy No Yes Year____ Allergy No Yes Year____

Diabetes No Yes Year____ Asthma No Yes Year____

If history of chickenpox disease please give month and year of disease, along with parent and physicians signature.

Month/ Year _________________ Parent Signature ____

Physicians Signature (Required prek-10th) ____

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 1AC 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. _________

HEP A 1. __________ 2. __________ REQUIRED FOR K thru 4th, 6th and 12th Gr. (RECOMMENDED FOR ALL OTHERS)

TDAP 1. ____________ REQUIRED FOR 6TH Gr and up

MENINGITIS 1. ____________ 2. ____________ 1 REQUIRED FOR 6TH Gr and up/ 2 for 12th Gr

Immunizations Monday – Thursday 9am – 4pm at the Lake Co. Health Dept. No appt. necessary. –MUST BRING IMMUNIZATION RECORD WITH YOU and insurance information. Call 755-3658 for additional information.