Kindergarten Students

New Students

(For Use When No Physical is Required)

2020/2021

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-11th) _____

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 7th 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.