

Health Record

Indiana State Department of Health

Child's Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

MEDICAL HISTORY

Communicable Diseases	Month/Year	Condition	Explain if present
Measles	_____	Allergies	_____
Rubella (German measles)	_____		_____
Chicken Pox	_____		_____
Mumps	_____		_____
Scarlet Fever	_____	Handicapping	_____
Whooping Cough	_____	Conditions	_____
Other	_____	Other	_____

PHYSICAL EXAMINATION Date of Exam _____

Skin _____	Nasopharynx _____	Teeth & Mouth _____
Lymph nodes _____	Heart _____	Lungs _____
Eyes _____	Abdomen _____	Genitalia _____
Ears _____	Skeleton _____	Other _____

Note any unusual findings: _____

Does this child have any health condition that would be hazardous either to him-herself or to other children in a group setting as a result of participation in normal activities (including sports)? YES _____ NO _____
If yes, what modification of normal activities would be necessary to protect the child and his/her classmates?

Have you prescribed any medications or special routines which should be included in The Academy's plans for this child's activities? YES _____ NO _____ If yes, please explain _____

ATTENTION PARENTS AND PHYSICIANS:

The Montessori Academy follows the immunization guidelines of The Indiana Department of Health as listed on the back for admission. **Please attach a copy of the child's immunization record and return this form and the immunization record to the school's office as soon as possible.**

Name of Physician completing this form: _____ phone# _____
(please print)

Physician's Signature _____ Date _____

INDIANA 2019-2020

Required and Recommended School Immunizations

AGE/GRADE	REQUIRED	RECOMMENDED
3-5 years old	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio 1 Varicella (Chickenpox)	1 MMR (Measles, Mumps & Rubella) Annual Influenza 2 Hepatitis A
K-5th grade	3 Hepatitis B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hepatitis A Annual Influenza
6th-7th grade	3 Hepatitis B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis) Annual Influenza 2 HPV (Human papillomavirus)
8th-11th grade	3 Hepatitis B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis) Annual Influenza 2 Hepatitis A 2/3 HPV
12th grade	3 Hepatitis B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hepatitis A 2 MCV4 1 Tdap Annual Influenza 2 MenB (Meningococcal) 2/3 HPV

Hep B: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio: *3 doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV).

*For students in K-9th grades, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 11th grade. Parental report of disease history is acceptable for grade 12.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 after their 16th birthday only need 1 dose of MCV4.

Hep A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses of Hep A are required for grades K-7 and 12.

*For Pre-K and grades 8-11, 2 doses of Hep A vaccine are recommended.