

## 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 2020-2021

## Required and Recommended School Immunizations

GRADE	REQUIRED	REQUIRED	RECOMMENDED
<b>Pre-K</b>	3 Hepatitis B	1 Varicella (Chickenpox)	Annual influenza
	4 DTAP (Diphtheria, Tetanus & Pertussis)	1 MMR (Measles, Mumps & Rubella)	
	3 Polio	2 Hepatitis A	
<b>K-5th grade</b>	3 Hepatitis B	2 Varicella	Annual influenza
	5 DTaP	2 MMR	
	4 Polio	2 Hepatitis A	
<b>6th-11th grade</b>	3 Hepatitis B	2 MMR	Annual influenza
	5 DTaP	2 Hepatitis A	2/3 HPV (Human papillomavirus)
	4 Polio	1 MCV4 (Meningococcal)	
	2 Varicella	1 Tdap (Tetanus, Diphtheria & Pertussis)	
<b>12 grade</b>	3 Hepatitis B	2 MMR	Annual influenza
	5 DTaP	2 Hepatitis A	2/3 HPV
	4 Polio	2 MCV4	2 MenB (Meningococcal)
	2 Varicella	1 Tdap	

**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.

\*For students in K-10th 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 12th grade. Parental report of disease is not acceptable.

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

**MCV4:** Individuals who receive dose 1 on or 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 all grades K-12.

**\*\*IMMUNIZATION REMINDER FOR ALL TMA FAMILIES\*\***

Immunization requirements for school entry help ensure that most children are protected against disease. Because contagious diseases spread among susceptible people, immunization decreases the chance of infection and outbreaks of disease in schools by decreasing the number of unprotected people who may be infected and subsequently transmit the disease. Indiana state law has a minimum requirement for immunizations *prior to* the first day of the 2020-2021 school year.



TMA's requirements include: **ALL** students must have a current copy of immunizations on file in the school's office *prior to* the first day of school every year. In addition, all Kindergarten, 1st and 6th year students and all NEW students must have a completed Health Record (completed by the doctor) on file in the school's office *prior to* the first day of school. All students are expected to be in accordance with these requirements *prior to* the first day of school.

Medical exemptions are allowed when a medical contraindication exists. Proper paperwork is required to be filed with the school office each year for this exemption. During disease outbreak, non-immunized children will be excluded from school and/or activities related to school until the outbreak is over, both for their protection and for the protection of others.