

* See backside for example →

2017-2018 School Year

School Entry Immunization Requirements

Below are the number of doses and each vaccine required for school entry. Changes for this year include the Hepatitis A vaccine for grades K–3.

3 to 5 years old	3 Hep B (Hepatitis B)	
	4 DTaP (Diphtheria, Tetanus & Pertussis)	
	3 Polio (Inactivated Polio)	
	1 MMR (Measles, Mumps & Rubella)	
	1 Varicella	
K-3rd grade	3 Hep B	2 MMR
	5 DTaP	2 Varicella
	4 Polio	2 Hep A (Hepatitis A)
Grades 4 to 5	3 Hep B	2 MMR
	5 DTaP	2 Varicella
	4 Polio	2 Hep A*
Grades 6 to 11	3 Hep B	2 MMR
	5 DTaP	2 Varicella
	4 Polio	1 Tdap (Tetanus & Pertussis)
	2 Hep A*	1 MCV4 (Meningococcal)
Grade 12	3 Hep B	2 MMR
	5 DTaP	2 Varicella
	4 Polio	1 Tdap (Tetanus & Pertussis)
	2 Hep A*	2 MCV4 (Meningococcal)

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

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

Polio Three 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 grades kindergarten through 5th grade, 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 7th grade. Parental report of disease history is acceptable for grades 8-12.

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. K-3 is required.

*For grades 4-12, two doses of Hep A are recommended.

Indiana School Physical Examination Record

Name: _____ Grade: _____ Homeroom Teacher: _____
Address: _____ Telephone: _____
Date of Birth: _____ Sex: _____ Physician: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____
Eyes: _____ Vision (Snellen) _____
Right _____
Left _____
With Correction: Right _____
Left _____
Ears: Right _____
Left _____
Teeth: _____

<< SEE PAGE 2 FOR >>
IMMUNIZATIONS AND
ALLERGIES

Nose: _____
Throat: _____
Lymph Nodes: _____
Thyroid: _____
Heart: _____
Blood Pressure: _____
Lungs: _____
Abdomen: _____
Hernia: _____
Orthopedic Impairments: _____
Scoliosis Screening: _____
Nutrition: _____
Skin: _____
Nervous Symptoms: _____
Menstrual History: _____
Ano-Rectal: _____
External Genitals: _____
General Condition: _____

TESTS

Tuberculin:		Date:
Results:		X-Ray
Sickle Cell Anemia:		Results:
Lead Screen:	Date:	Results:
Urinalysis:	Date:	Results:

History of severe illnesses, injuries or surgeries: _____
Ongoing Medical Concerns: _____

Physician's Recommendations

I recommend medical or dental attention to the following conditions:
Student is physically fit to participate in physical education?



Dorianne S MARX, MD
Deaconess Clinic West Side Pediatrics

This is an Example of what your Doctor's Office can print out for you. Please ask your Doctor's Office to print out your child/children immunizations too. Please turn these forms into the school office by the first day of school. Thank you!