



Name of Student: _____ Date of Birth: ___/___/___

School: _____ Grade: _____

Parent's Name(s): _____ Telephone Number: _____

Immunizations are required at time of enrollment. Completed immunizations are required by Indiana State Law for all school children. Please have your physician record your child's immunization history below and return the completed form to your school, or you may opt to send in a provider printout of your student's immunizations. Note that the law provides for exclusion from school for failure to comply with the immunization requirements.

TO BE COMPLETED BY PHYSICIAN/CLINIC

DTP/ DTaP _____

OPV/IPV _____

Td* _____ (*list here if given in place of DTaP)

MMR#1 _____ MMR#2 _____ OR Measles _____ Mumps _____ Rubella _____

Hepatitis B _____

Hep A _____

Varicella #1 _____ Varicella #2 _____

Or Yes, my child has had Chickenpox (include date) _____

Required for 6th grade:

Meningococcal Vaccine (MCV4) #1 _____ Tdap _____

Required for 12th grade:

Meningococcal Booster (MCV4) #2 _____ (Only 1 MCV4 dose needed if first dose given on or after 16th birthday)

The following immunizations are recommended, not required for enrollment; however, if your child has received any of these, please list them so that we can keep your child's health record current.

Hib _____ PCV _____

HPV _____ Men B _____

Tuberculin test Date _____ Result _____

Other _____

Health Care Provider Signature: _____ Date: _____