

Tippecanoe School Corporation



KINDERGARTEN OR FIRST GRADE DISEASE AND IMMUNIZATION RECORD *Entering school for the first time*

To be completed by parents

Return to school at the time of registration

IT IS AN INDIANA STATE LAW THAT THE SCHOOL HAVE A STATEMENT OF THE IMMUNIZATIONS

Child's Name _____ Birthdate _____
Parent's Name _____ Address _____
Child's Doctor _____ Date of Last Physical Exam. _____
Child's Dentist _____ Date of Last Dental Exam. _____
Eye Doctor _____ Date of Last Eye/Vision Exam. _____
Preferred Hospital _____ Glasses? Yes _____ No _____

THESE IMMUNIZATIONS ARE REQUIRED BY LAW. PLEASE PROVIDE A COPY OF YOUR CHILD'S RECORD FROM YOUR DOCTOR OR THE HEALTH DEPARTMENT.

DTaP/DTP/DT 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

POLIO (OPV/IPV) 1) _____ 2) _____ 3) _____ 4) _____

_____ 5) _____ **MMR 1) _____ MMR 2) _____** *OR*

MEASLES
(RUBEOLA)
MUMPS
RUBELLA

1) _____ 2) _____

1) _____ 2) _____

1) _____ 2) _____

(FIRST DOSE OF MMR/ MEASELS, MUMPS, RUBELLA **ON OR AFTER FIRST BIRTHDAY**)

HEPATITIS A 1) _____ 2) _____

HEPATITIS B 1) _____ 2) _____ 3) _____

VARICELLA 1) _____ 2) _____

HAS HAD CHICKENPOX? YES: _____ DATE _____ NO _____

* **BOLD type** means shot must be up to date before school entrance *

H.I.B. VACCINE 1) _____ 2) _____ 3) _____ 4) _____

T.B. TEST TYPE _____ RESULTS _____

HAS YOUR CHILD HAD ANY OF THESE ILLNESSES? PLEASE GIVE DATES WHEN POSSIBLE.

Allergies (list) _____
Asthma _____ Seizures _____
Diabetes _____ Scarlet Fever _____
Mononucleosis _____ Pneumonia _____
Chronic Ear Infections _____ Heart Disease _____
Other _____
Current Medications _____

Please explain (on the back of this form) any health condition that may require special attention at school.

Parent's Signature

Date