Emotional/Behavioral Problem? _____

ADD/ADHD _____ Medications _____

Physical disabilities, limitations, or restrictions _____

Immunizations: current _____ needed boosters _____

Cleared for school _____ Cleared for P. E._____

Comments _____

_____

_____ _____

Physician's Signature Date

Printed name of physician: _____

Printed address: _____

Physician phone number: _____

Immunization Record

Indiana law requires all children enrolling in any Indiana school to provide a current COPY of the child's immunization record or file a yearly medical or religious objection to immunizations. A medical objection form must be completed by the doctor who has determined immunization to be detrimental to the child at this time. This must be received by the student's start date, or the student will not be allowed to attend school until it is received. Waivers may be granted on a case by case basis.

IN State Department of Health
School Immunization Requirements
(Updated December 2014)

Kindergarten and Grade 1	*4 Polio (Inactived Polio) *3 Hepatitis B *2 Hepatitis A *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT
Grades 2 to 5:	*4 Polio (Inactived Polio) *3 Hepatitis B *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT
Grades 6 to 12:	*4 Polio (Inactived Polio) *3 Hepatitis B *1 meningococcal (MCV4) *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT * 1 Tdap booster
Grade 12:	* additional meningococcal (MCV4)	

**Please call your child's doctor or the school nurse at 260-925-1393, ext. 234 if you have questions about your child's immunizations.

LAKEWOOD PARK CHRISTIAN SCHOOL
Shaping Difference-Makers In Christ
5555 County Road 29 Auburn, IN 46706
260-925-1393

Physical Examination Form

Due in office by August 1st

To be completed by Parent: Today's Date _____

Child's Name _____ Birthdate _____ M/F _____

Biological Father's Name _____ Biological Mother's Name _____

If the above child has frequent problems with any of the following, please describe:

Allergies _____ Asthma _____

Seizures _____ Ears _____

Nose/Throat _____ Bladder _____

Stomach _____ Major Illness _____

Routine medicines taken by the child: _____

Emotional or physical problems that might affect your child at school: _____

_____

My child, _____, had chicken pox disease _____.
(Month/season and year)

Biological Parent/Legal Guardian Signature_____

To be completed by Physician:

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision Screen R 20/ _____ L 20/ _____ Corrected? _____

General appearance _____ Skin _____

Heart _____ Lungs _____

Abdomen _____ Genitalia/Hernia _____

Nose/Sinus _____ Throat/Mouth _____

Glands/Thyroid _____ Speech _____

Ears _____ Hearing Loss _____

Please see reverse