

Allen County Non-Public School Association

FOR ALL PRE-K, KG AND NEW STUDENTS OF ANY GRADE

PHYSICIAN CERTIFICATE OF EXAMINATION FORM

(To be completed by your child's physician)

Name _____ Date of Birth ____ / ____ / ____

Allergies _____

Current Medications

1. _____	Dosage _____	Time _____
2. _____	Dosage _____	Time _____
3. _____	Dosage _____	Time _____

Height _____ Weight _____ B/P _____ Pulse _____

Eyes _____

Ears _____

Nose _____

Throat _____

Chest/Lungs _____

Heart _____

Abdomen _____

Hernia _____

Extremities _____

Musculoskeletal _____

Neurological _____

Skin _____

Lab Work (If indicated)

Hematocrit _____

Hemoglobin _____

Lead Level _____

Sickle Cell _____

Urinalysis _____

Other _____

Tuberculin Test (if indicated)

Type of test _____

Date _____

Results _____

Is this student physically fit to participate in all physical education programs?

Yes _____ No _____ If no, please explain _____

Please list any conditions that should be considered in planning this child's school day:

CONTINUED ON REVERSE

IMMUNIZATION HISTORY

*****PLEASE ATTACH A COPY OF THE CHILD'S FULL***
IMMUNIZATION RECORD**

All students must have an immunization record in the school office before the first day of school. This student MAY NOT attend school without a record of having received the required immunizations listed below. The only exception is to have a medical or religious exemption form filed with the school office.

The following immunizations are the minimum requirement by the State of Indiana for

Kindergarten – 3rd Grades

DTaP (5) IPV (4) Hepatitis B (3) MMR (2) Varicella (2) Hepatitis A (2)

4th -5th Grades

DTaP (5) IPV (4) Hepatitis B (3) MMR (2) Varicella (2)

6th-8th Grades

Previous listed plus an additional Tdap (1) and MCV (1)

(These are the minimum doses that are necessary. All minimum ages and intervals for each vaccination as specified in the CDC guidelines must be followed to be considered valid.)

Printed or Stamped name of the Physician completing this form

Physician's signature

Date