

ST. STANISLAUS SCHOOL-East Chicago
PHYSICAL FORM/MEDICAL HISTORY
SCHOOL YEAR
2021-2022
(To be completed by Licensed Professional)

Student Name _____ Date of Birth _____ Grade _____

Age _____ Sex: M _____ F _____ Height _____ Weight _____ B/P _____

PHYSICAL EXAMINATION: (Please check if Normal or Abnormal. If abnormal, describe below)

	Normal	Abnormal		Normal	Abnormal
Physical Development	_____	_____	Lungs	_____	_____
Nutritional Development	_____	_____	Heart	_____	_____
Skin	_____	_____	Abdomen	_____	_____
Hair and Scalp	_____	_____	Extremities	_____	_____
Eyes and Vision	_____	_____	Orthopedic	_____	_____
Ears and Hearing	_____	_____	Scoliosis	_____	_____
Nose	_____	_____	Other Defects	_____	_____
Throat	_____	_____	Not Listed	_____	_____

Describe any abnormal findings or any instructions for student's specific needs: _____

IMMUNIZATIONS: (Must show Month/Day/Year)

Hepatitis B	_____	_____	_____	_____	_____
DTaP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____
MCV4(Meningococcal)	_____	_____	_____	_____	_____
Tdap (Tetanus, Diphtheria & Pertussis)	_____	_____	_____	_____	_____
HPV	_____	_____	_____	_____	_____

MEDICAL HISTORY:

Disease	Date	Disease	Date	Disease	Date
Chicken Pox	_____	German Measles	_____	Mumps	_____
Whooping Cough	_____	Measles	_____	Other	_____

Allergies: _____ Asthma: _____ Diabetes: _____

T.B. Test: (If at risk) Type _____ Date _____ Result _____ Date Read _____

Chest X-ray _____ Treatment _____

Sickle Cell Anemia Test (if needed) _____

Urinalysis _____

Hemoglobin _____

Physician's Signature _____ Date _____

Physician's Name (please print) _____

Indiana 2021-2022 Required and Recommended School Immunizations

Grade	Required	Recommended
Pre-K	3 Hepatitis B	1 Varicella (Chickenpox)
	4 DTaP (Diphtheria, Tetanus & Pertussis)	1 MMR (Measles, Mumps & Rubella)
	3 Polio	2 Hepatitis A
	3 Hepatitis B	2 Varicella
K-5th grade	5 DTaP	2 MMR
	4 Polio	2 Hepatitis A
6th-11th grade	3 Hepatitis B	2 MMR
	5 DTaP	2 Hepatitis A
	4 Polio	1 MCV4 (Meningococcal)
	2 Varicella	1 Tdap (Tetanus, Diphtheria & Pertussis)
12th grade	3 Hepatitis B	2 MMR
	5 DTaP	2 Hepatitis A
	4 Polio	2 MCV4
	2 Varicella	1 Tdap

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

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

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.

*For all students, 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 12th grade. Parent report of disease history is not acceptable.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades.

Indiana State
Department of Health

Indiana State Department of Health,
Immunization Division

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