

Student Health Information 2019- 2020

Your child **will not be admitted** until this form is complete and immunizations are current.
PLEASE RETURN THIS IMMUNIZATION RECORD BY AUGUST 16TH

Name _____ Grade _____ Date of Birth _____

The Maine State Law requires that all school children be protected against polio, diphtheria, pertussis, tetanus, measles, rubella, and varicella. If you child has not been protected from any or all of these diseases, we strongly encourage you to consult your physician or public health agency regarding these immunizations.

Please help us by providing the dates of the vaccinations that your child has received. In order to have a complete health record on your child we would also like a list of other conditions that he/she may have. Please complete this form and return it to the main office. You may also have your physician's office fax your child's immunization records to us at 262-9528.

<u>Immunization Dates</u>	<u>Communicable Diseases/Dates</u>	<u>Other Conditions</u>
DPT # 1 _____	Chicken Pox _____	Allergies _____
DPT # 2 _____	Mumps _____	Diabetes _____
DPT # 3 _____	Scarlet Fever _____	Seizures _____
DPT # 4 _____	German Measles (Rubella) _____	Heart Condition _____
DPT # 5 _____	Whooping Cough (Pertussis) _____	Asthma _____
DT _____		Other _____
TDAP _____	(applies to students entering 7 th grade only)	

MCV4 #1 _____ (applies to students entering 7th grade. For students entering 12th grade Two doses of
 MCV4 #2 _____ meningococcal vaccine MCV4 are required for students entering 12th grade, with a minimum
 interval of 8 weeks between dose one and dose two. If the first dose of meningococcal vaccine was administered on or
 after the 16th birthday, a second dose is not required.)

OPV # 1 _____ Does you child have any physical limitations which might require some adjustments
 to a typical student's activities? Yes ____ No ____ If so, please describe:
 OPV # 2 _____ _____

OPV # 3 _____ Does your child presently taking any medication prescribed by a physician?
 Yes ____ No ____ If yes, please give medication and dosage requirements:
 OPV # 4 _____ _____

MMR # 1 _____ Has your child been treated for any nervous, mental, or emotional disorder?
 Yes ____ No ____ If yes, over how long a period and when? _____
 MMR # 2 _____

Varicella _____ It is **mandatory** for students in K4-12 to either have the Varicella immunization or
 documented history of the disease. If your child has had the H1N1 vaccine include the date: _____

K4 immunization requirements: DPT # 1 – 4, OPV # 1 – 3, and MMR # 1
K5 immunization requirements: DPT #1- 5, OPV #1- 4, MMR # 1& 2, and Varicella.

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Parent Signature _____ Date _____