

# 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)

1) \_\_\_\_\_ 2) \_\_\_\_\_

**MUMPS**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**RUBELLA**

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