

St. Mary's School
State Required
Health Appraisal
2017/2018

This form is to be **completed and returned prior to the first day of school**. This is required information according to the State of Indiana and students may be excluded from school attendance for non-compliance.

Student Name: _____ DOB ___/___/_____ Grade _____

Allergies _____

Asthma _____ Treatment _____

Epilepsy _____ Treatment _____

Surgeries _____

Concerns _____

State Required Immunization (Give month/day/year)

Hepatitis A 1) _____ 2) _____

2 Required

Hepatitis B 1) _____ 2) _____ 3) _____

3 Required

DTaP 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

5 Required (Diphtheria, Tetnus, Pertussis) **(Four doses of DTP are acceptable if the 4th dose was administered on or after child's fourth birthday)**

Polio (OPV or IPV) 1) _____ 2) _____ 3) _____ 4) _____

4 Required **(Three doses of polio vaccine are acceptable if 3rd dose administered on or after child's fourth birthday and the three doses are all IPV or all OPV.)**

MMR (Measles, Mumps, Rubella) 1) _____ 2) _____

2 Required

Varicella Vaccine 1) _____ 2) _____

2 Required **(or Physician documentation of disease history, including month and year)**

Please fill out this paper and attach a copy of your child's immunization records.