

MIAMI EAST LOCAL SCHOOLS

MEDICAL/IMMUNIZATION FORM

(To Be Completed by Family Physician)

PAGE 1

NAME: _____

Date of Birth: _____

ADDRESS: _____

Phone: _____

CITY/STATE: _____

ZIP CODE: _____

The following are immunization requirements before a child may enter school and must have for school attendance: (Effective Fall 2016)

DTP - Kindergarten - 4 doses of DTaP, DTP, or DT, or any combination. If the fourth dose was administered prior to the 4th birthday a fifth dose is required.

Tdap - Grade 7-12 - 1 dose of Tdap vaccine must be administered prior to entry.

DTP - Grades 1-12* - 4 or more doses of DTaP, or DT, or any combination.

* (A student who is age 7 or older, and who received Td or Tdap vaccine as the third part of the immunization series, shall not be required to receive further doses of diphtheria, tetanus, or pertussis vaccine.)

POLIO - Grades K-6 - 3 doses of any combination of IPV. The final dose must be administered on or after the 4th birthday regardless of the number of previous doses.

POLIO - Grades 7-12 - 4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4th birthday.

MMR (Measles, Mumps & Rubella) - Grades K-12 - 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.

HEPATITIS B - Grades K-12 - 3 doses of Hepatitis B required. The second dose must be administered at least 28 days after the first. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose) should not be administered before age 24 weeks.

VARICELLA (Chickenpox) - Grade K-6 - 2 doses dose of varicella vaccine must be administered prior to entry. First dose must be administered on or after first birthday. Second dose should be administered at least three months after first.

VARICELLA (Chickenpox) - Grades 7-10 - 1 dose of varicella vaccine must be administered on or after the first birthday.

MENINGOCOCCAL - Grade 7 - 1 dose meningococcal (serogroup A,C,W and Y) must be administered prior to entry.

MENINGOCOCCAL - Grade 12 - 2 doses of meningococcal (serogroup A,C,W, and Y) must be administered prior to entry. If the first dose was administered after the 16th birthday, a second dose is not required.

IMMUNIZATION RECORD

| <u>VACCINES</u> | <u>Date of Dose 1</u> | <u>Date of Dose 2</u> | <u>Date of Dose 3</u> | <u>Date of Dose 4</u> | <u>Date of Dose 5</u> |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| DTP | _____ | _____ | _____ | _____ | _____ |
| POLIO | _____ | _____ | _____ | _____ | _____ |
| MMR | _____ | _____ | _____ | _____ | _____ |
| HEPATITIS B | _____ | _____ | _____ | _____ | _____ |
| VARICELLA | _____ | _____ | _____ | _____ | _____ |
| Tdap | _____ | _____ | _____ | _____ | _____ |
| MENINGOCOCCAL | _____ | _____ | _____ | _____ | _____ |

MEDICAL/IMMUNIZATION FORM
(To Be Completed by Family Physician)

PAGE 2

PHYSICAL EXAMINATION

SKIN _____ TEETH _____

TONSILS/ADENOIDS _____

HEART _____

LUNGS _____

GLANDS _____ HERNIA _____

PHYSICIAN'S REPORT OF HEALTH FINDINGS: (Please check one)

___ Entirely within normal limits

___ Abnormalities or Problems

List any restrictions: _____

DATE

Signature of Examining Physician

NAME OF PHYSICIAN (Please print)