

# 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 2010)**

**DTP - Kindergarten** - 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4<sup>th</sup> birthday.

**DTP - Grade 7** - 1 dose of Tdap or Td vaccine must be administered prior to entry.

**DTP - Grades 1-12\*** - 3-4 doses of DTaP, DTP, 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 - Kindergarten** - 4 doses of any combination of OPV or IPV, the final dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses.

**POLIO - Grades 1-12\*\*** - 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 4<sup>th</sup> birthday.

\*\* (Students enrolled in school on or after the 1999-2000 school year should have received a total of four doses of polio vaccine. Students enrolled prior to the 1999-2000 year are required to have a minimum of 3 doses.)

**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.

**Hib** - NONE

**HEPATITIS B - Grades K-11** - 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.

**HEPATITIS B - Grades 12** - Hepatitis B is not required.

**VARICELLA (Chickenpox) - Grade Kindergarten** - 2 doses of varicella vaccine must be administered prior to entry.

**VARICELLA (Chickenpox) - Grades 1-4** - 1 dose of varicella vaccine must be administered on or after the first birthday.

### 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	_____	_____	_____	_____	_____

**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)**