



755-3655 / 755-3656 / 755-3657

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Health Officer

### PRE-SCHOOL ENTRY

SCHOOL \_\_\_\_\_ RETURN BY \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DTAP/DT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (4 DOSES)

IPV 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ (3 DOSES)

HEP B 1. \_\_\_\_\_ 3. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ (3 OR 4 DOSES)

MMR 1. \_\_\_\_\_ (1 DOSE)

VARIVAX 1. \_\_\_\_\_ 2. \_\_\_\_\_ (2 DOSES)

#### MINIMUM IMMUNIZATION REQUIREMENTS FOR PRE SCHOOL ENTRY PUBLIC LAW : IC 20-8.1-7-11.

Beginning in the 2010-2011 school year, Rule change, 410 1AC 1-1-1 states that all children have the above requirements. If your child has had the chickenpox disease, we MUST have have a PHYSICIAN written documentation of history of the disease, including the MONTH and YEAR OF THE DISEASE.

CHICKENPOX DISEASE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

