

SIGNATURE SCHOOL

Physical Examination Record
(To be filled out only by a physician)

Name _____ Grade _____ Date _____

Address _____ Phone # _____

Date of Birth _____ Sex _____ Family Physician _____

PHYSICAL EXAMINATION

(Code: No Defect - 0; Defect - Note)

1. Height (in inches) _____ Weight _____

2. Eyes:

Vision (Snellen) Right _____

Left _____

Glasses Right _____

Left _____

3. Ears: Right _____ Left _____

Hearing: Right _____

Left _____

4. Teeth: _____ Caries _____

5. Nose _____

6. Throat _____

7. Lymph Nodes _____

8. Thyroid _____

9. Heart _____

10. Blood Pressure _____

11. Lungs _____

12. Abdomen _____

13. Hernia _____

14. Orthopedic Impairments _____

15. Scoliosis Screening _____

16. Nutrition _____

17. Skin _____

18. Nervous Symptoms _____

19. Menstrual History _____

20. Ano-rectal _____

21. External Genitals _____

22. General Condition _____

23. History of severe illnesses, injuries or surgeries:

24. Ongoing Medical Concerns: _____

Circle abbreviation of Immunization administered
RECORD OF REQUIRED IMMUNIZATIONS

DPT/DTaP 1. _____

Td 1. _____

DPT/DTaP 2. _____

2. _____

DPT/DTaP 3. _____

DPT/DTaP 4. _____

Tdap 1. _____

DPT/DTaP 5. _____

Hepatitis A 1. _____

Varicella 1. _____

Hepatitis A 2. _____

2. _____

Disease Date _____

Hepatitis B 1. _____

2. _____

3. _____

HPV 1. _____

Meningococcal 1. _____

2. _____

2. _____

3. _____

MMR 1. _____

MMR 2. _____

HIB 1. _____

2. _____

3. _____

OPV/IPV 1. _____

OPV/IPV 2. _____

OPV/IPV 3. _____

OPV/IPV 4. _____

OPV/IPV 5. _____

Other 1. _____

2. _____

TESTS

Tuberculin: Type _____ Date _____

Results: _____ X-Ray _____

Lead Screen: Date _____ Results _____

Sickle Cell Anemia: Yes _____ No _____ Results _____

Urinalysis: Date _____ Results _____

Allergies: _____

Physician's Recommendations

I recommend medical or dental attention to the following conditions:

Student physically fit to participate in physical education? Yes _____ No _____

Date _____ Print Physician's Name _____

Signature of Physician _____

2015 – 2016 School Year
 IN State Department of Health
 School Immunization Requirements
 Updated November 2014

3 to 5 years old	3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps, Rubella) 1 Varicella	
K & Grade 1	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 2 Hep A (Hepatitis A)
Grades 2 to 5	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella
Grades 6 to 11	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal conjugate)
Grade 12	3 Hep B 5 DTaP 4 Polio 2 MMR	2 Varicella 1 Tdap 2 MCV4

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 5th grade the final dose must be administered on or after the 4th birthday, and be administered **at least 6 months** after the previous dose.

Live Vaccines (MMR, Varicella & LAIV) Live vaccines that are not administered on the same day must be administered a minimum of 28 days apart. The second dose should be repeated if the doses are separated by less than 28 days.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

Tdap There is no minimum interval from the last Td dose.

MCV4 Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose of Hepatitis A is 6 calendar months

For children who have delayed immunizations, please refer to the 2015 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2015 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at <http://www.cdc.gov/vaccines/schedules/>