THE MONTESSORI ACADEMY
EDISON LAKES

Please attach a copy of your child's official immunization record and return this form and the immunization record to the school's office no later than Friday, August 11th.

Today's Date:_____

School Year: 2023-2024

Health Record
Indiana State Department of Health

Child's Name: _____ Date of Birth: _____/_____/_____

Street Address: _____

City: _____ State:_____ Zip: _____

MEDICAL HISTORY

Communicable Diseases	Month/Year	Condition	Explain if present
Measles	_____	Allergies	_____
Rubella (German measles)	_____		_____
Chicken Pox	_____		_____
Mumps	_____		
Scarlet Fever	_____	Handicapping	_____
Whooping Cough	_____	Conditions	_____
Coronavirus (Covid-19)	_____		
Other	_____	Other	_____

PHYSICAL EXAMINATION Date of Exam _____

Skin _____	Nasopharynx_____	Teeth & Mouth_____
Lymph nodes_____	Heart_____	Lungs_____
Eyes_____	Abdomen_____	Genitalia_____
Ears_____	Skeleton_____	Other_____

Note any unusual findings: _____

_____

Does this child have any health condition that would be hazardous either to him-herself or to other children in a group setting as a result of participation in normal activities (including sports)? YES_____ NO _____
If yes, what modification of normal activities would be necessary to protect the child and his/her classmates?

_____

Have you prescribed any medications or special routines which should be included in The Academy's plans for this child's activities? YES_____ NO_____ If yes, please explain_____

_____

ATTENTION PARENTS AND PHYSICIANS:

The Montessori Academy follows the immunization guidelines of The Indiana Department of Health as listed on the back for admission. **Please attach a copy of the child's immunization record and return this form and the immunization record to the school's office as soon as possible.**

Name of Physician completing this form:_____ phone#_____
(please print)

Physician's Signature _____ Date_____

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INDIANA 2023-2024
Required and Recommended School Immunizations

GRADE	REQUIRED	REQUIRED	RECOMMENDED
Pre-K	3 Hepatitis B	1 Varicella (Chickenpox)	Annual influenza
	4 DTAP (Diptheria, Tetanus & Pertussis)	1 MMR (Measles, Mumps & Rubella)	COVID-19
	3 Polio	2 Hepatitis A	
K-5th grade	3 Hepatitis B	2 Varicella	Annual influenza
	5 DTaP	2 MMR	COVID-19
	4 Polio	2 Hepatitis A	
6th-11th grade	3 Hepatitis B	2 MMR	Annual influenza
	5 DTaP	2 Hepatitis A	2/3 HPV (Human papillomavirus)
	4 Polio	1 MCV4 (Meningococcal)	COVID-19
	2 Varicella	1 Tdap (Tetanus, Diphtheria & Pertussis)	
12 grade	3 Hepatitis B	2 MMR	Annual influenza
	5 DTaP	2 Hepatitis A	2/3 HPV
	4 Polio	2 MCV4	2 MenB (Meningococcal)
	2 Varicella	1 Tdap	COVID-19

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

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

Polio: *3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
*For students in grades K-12, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parental report of disease history is not acceptable.

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 is 6 calendar months. 2 doses are required for all grades Pre-K through 12.

COVID-19: COVID-19 vaccine is recommended for all students five years of age and older per CDC and FDA's Emergency Use Authorization.

Source: https://chirp.in.gov https://www.in.gov/health/immunization/files/2023-24-School-Immunization-Requirements-C-19.pdf