

## 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 \_\_\_\_\_

# INDIANA 2025-2026

## Required and Recommended School Immunizations

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