

Calumet Christian School

Student Health Record

Today's Date: _____

Student's Full Name: _____ Grade Entering: _____

Parents' Names: _____ Birth Date: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

K-3rd grade Indiana State requirements

Immunization	Date	Date	Date	Date	Date	Date
5 DTaP (Diphtheria, Tetnus, Pertussis)						
4 Polio						
2 MMR (Measles, Mumps, Rubella)						
2 Hepatitis A (2)						
3 Hepatitis B (3)						
2 Varicella (2)						

4th-5th grade In addition to K-3rd

Immunization	Date	Date	Date	Date	Date	Date
*2 Hepatitis A (If never had previously)						

6th-11th grade In addition to K-5th

Immunization	Date	Date	Date	Date	Date	Date
1Tdap (Tetanus, Pertussis)						
1 MCV4 (Meningococcal)						
*2 Hep A (If never had previously)						

12th grade In addition to K-11th

Immunization	Date	Date	Date	Date	Date	Date
2 MCV4 (Meningococcal)						
*MenB (Meningococcal B)						

* Recommended, not required. Proposed Indiana State requirements for 2018-2019

Please fill the back side of this form

Disease	Date	Disease	Date	Disease	Date
Chicken Pox		Fifth Disease		Other (Please list)	
Measles		Frequent Colds			
Mumps		Asthma			
Scarlet Fever		Convulsions			
Rubella		Mononucleosis			

Has your child's eyes been tested by an eye doctor? Yes No Date: _____

Does your child need to wear glasses? Yes No

List any prescription medication your child regularly takes:

Tuberculin Test Type: _____ Date Given: _____ Date Read: _____

Reaction: Negative Positive X-ray

Sickle Cell Anemia: Tested Yes No Results: _____

Lead Poisoning: Tested Yes No Results: _____

List Allergies:

List Surgeries and Dates:

Any other concerns: _____

I have filled out the information to the best of my knowledge.

Parent's Signature _____ Date _____