

MEDICAL INFORMATION

A PHYSICAL EXAMINATION FORM COMPLETED BY THE CHILD'S PHYSICIAN DATED AFTER 9/1/2024

**Physical examination forms must be presented at the time of
registration.**

Proof of immunizations, **as required by State Law**. This must include the month, day and year in which the immunizations were administered and have the physician's signature or stamp. These documents will be reviewed by our school nurse during registration.

Kindergarten Medical

- A. Diphtheria-Whooping Cough-Tetanus (DPT) – Four doses with last one administered on or after the fourth birthday or any five doses.
- B. Polio – Three doses with last one administered on or after the fourth birthday or any four doses.
- C. Measles, Mumps and Rubella (MMR) – Two doses with one administered on or after the first birthday or laboratory evidence of immunity.
- D. Varicella Vaccine (Chicken Pox) – One dose administered on or after the first birthday or laboratory evidence of immunity.
- E. Hepatitis B – Three doses.

**Please submit any other information concerning your child's history
of illness, which may help us to better understand your child's
needs.**