



Reitz Memorial High School

1500 Lincoln Avenue | Evansville, IN 47714 | 812-476-4973 | www.reitzmemorial.org

Dr. A. Marie Williams, Principal - Lisa Popham, Assistant Principal - Rick Wilgus, Assistant Principal

State law requires that all students provide documentation of immunizations. Immunization information is not included on the athletic physical form, so this form must be completed and returned by the first day of school.

Are immunizations required for all children enrolled in school? Yes. Students in all grades are required to meet the minimum immunization requirements

What information must be included on the physician's statement to document immunization? The statement must include the student's name and date of birth, the vaccine given and date (month/day/year) of each immunization.

What is considered adequate documentation of an immunization history? Adequate documentation is as follows: documentation from a healthcare provider, an immunization record from another school corporation, an immunization record in the Indiana Immunization Registry (CHIRP), or a printed record from another state registry. This revised May 2015 documentation must include the month, day, and year for each dose of vaccine administered.

Required immunizations are available, through the Health Department Clinics. A parent/guardian must accompany the child to sign consent forms. Bring previous immunization records with you when you visit the clinic. Call 812-435-5997 for clinic schedules or visit <http://health.vanderburghcounty.in.gov/childadultimmunizations/>.

Immunization records must be on file on or before the first day of school. Students who do not have immunizations on file on or before the first day will be excluded from entering school until they can provide proof of immunization history.

Please Note: All students are required to provide Immunization records to the Main office by the first day of school. We also request an **Action Plan** on file for serious medical conditions. **Epilepsy/Seizure, Asthma, Allergies requiring Epinephrine, Cardiac and Diabetes are just some examples.** Sample Action plans are available on our website, ReitzMemorial.org or you can provide a plan prepared by your child's specialist.

INDIANA 2018-19 Required and Recommended School Immunizations



	REQUIRED	RECOMMENDED
3-5 years old	<ul style="list-style-type: none"> 3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio 	<ul style="list-style-type: none"> 1 Varicella (Chickenpox) 1 MMR (Measles Mumps & Rubella)
K-4th grade	<ul style="list-style-type: none"> 3 Hepatitis B 5 DTaP 4 Polio 	<ul style="list-style-type: none"> 2 MMR 2 Varicella 2 Hepatitis A
5th grade	<ul style="list-style-type: none"> 3 Hepatitis B 5 DTaP 4 Polio 	<ul style="list-style-type: none"> 2 MMR 2 Varicella
6th grade	<ul style="list-style-type: none"> 3 Hepatitis B 5 DTaP 4 Polio 2 MMR 	<ul style="list-style-type: none"> 2 Varicella 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)
7th-11th grade	<ul style="list-style-type: none"> 3 Hepatitis B 5 DTaP 4 Polio 2 MMR 	<ul style="list-style-type: none"> 2 Varicella 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)
12th grade	<ul style="list-style-type: none"> 3 Hepatitis B 5 DTaP 4 Polio 2 MMR 	<ul style="list-style-type: none"> 2 Varicella 2 Hepatitis A 2 MCV4 1 Tdap

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 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 K-8th grade, 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 10th grade. Parental report of disease history is acceptable for grades 11-12.

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

MCV4: Individuals who receive dose 1 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 of Hep A is required for grades K-4, 6 and 12.

*For grades 5, and 7-11, 2 doses of Hep A vaccine are recommended.



Number under vaccine denotes the number of cumulative doses needed.

These materials were created by the Indiana Immunization Coalition, Inc. and were funded by the Indiana State Department of Health through a grant from the Centers for Disease Control and Prevention (Award No: 5H231P000723).



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Return to the Main Office on or before first day of school

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

Name _____ Grade _____ Date _____

Address _____ Phone No. _____

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: _____
- _____
25. Allergies _____
- _____

Circle abbreviation of Immunization administered
RECORD OF REQUIRED IMMUNIZATIONS

- | | | | | |
|---------------|-------|-------------|----|-------|
| DPT/DTaP 1. | _____ | MMR | 1. | _____ |
| DPT/DTaP 2. | _____ | | 2. | _____ |
| DPT/DTaP 3. | _____ | | 3. | _____ |
| DPT/DTaP 4. | _____ | | | |
| DPT/DTaP 5. | _____ | Hepatitis B | | |
| DPT/DTaP 6. | _____ | | 1. | _____ |
| | | | 2. | _____ |
| Td | 1. | | 3. | _____ |
| | 2. | | | |
| Tdap | 1. | HIB | 1. | _____ |
| | 2. | | 2. | _____ |
| | | | 3. | _____ |
| | | | 4. | _____ |
| Polio Vaccine | | | | |
| OPV/ IPV | 1. | | | |
| OPV/ IPV | 2. | Pprevnar1. | 1. | _____ |
| OPV/ IPV | 3. | | 2. | _____ |
| OPV/ IPV | 4. | | 3. | _____ |
| OPV/ IPV | 5. | | 4. | _____ |
| OPV/ IPV | 6. | | | |
| | | Varicella | | |
| Meningococcal | 1. | | 1. | _____ |
| MCV4 / MPSV4 | 2. | | 2. | _____ |
| | | | | |
| Men B | 1. | HPV | 1. | _____ |
| | 2. | | 2. | _____ |
| | | | 3. | _____ |
| **Hep A | 1. | | | |
| | 2. | Other | 1. | _____ |
| | | | 2. | _____ |
- **New Requirement. Grade 12
2 doses-6 months apart**
- TESTS (Record results if applicable):**
- Tuberculin: Type _____ Date _____
- Results: _____ X-Ray _____
- Lead Screen : Date _____ Results _____
- Sickle Cell Anemia: Yes _____ No _____ Results _____
- Urinalysis: Date _____ Results _____

Medical Provider's Recommendations

I recommend medical attention to the following conditions: _____

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

Date _____ Print Medical Provider's Name _____ Signature of Medical Provider _____

PLEASE RETURN TO THE MAIN OFFICE