

Sacred Heart Academy Bryn Mawr

School: _____

School Year: _____

This portion to be completed by PARENT:

Name of Student _____ Sex M _____ F _____ Grade _____

Address of Student _____ Date of Birth _____

School Last Attended _____ Physician's Name _____

Has your child had any of the following? Please check and give details or date.

Allergies _____	Mumps _____	Scarlet Fever _____
Asthma _____	Measles _____	Diabetes _____
Chicken Pox _____	Rubella _____	Operation _____
Recurring Illness _____	Physical Disability _____	

Is your child at present under medical treatment? Yes _____ No _____ If yes, please explain. _____

This portion to be completed by PHYSICIAN:

Required immunization dates (details on reverse side).

VACCINE

BASIC SERIES DATES OF DOSES and BOOSTERS

Diphtheria and Tetanus DtaP, DPT, DT or Td	1	2	3	4	5
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1	2	3	4	5
Polio (OPV or IPV)	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	or Measles serology: Date Titer		
Varicella (Vaccine or Disease)	1	2	Rubella Serology: Date Titer		
Meningococcal (MCV)	1	2			
Other	1	2	Mumps disease diagnosed by a physician: Date		

Tuberculosis Test: _____ Date _____ Result _____

Medical History - Operations, accidents, allergies, serious illness. Specify and give dates.

Present medication: _____

Findings upon Physical Examination:

Blood Pressure _____ Pulse _____ Height _____ Weight _____ BMI # _____ / _____ %

Is this BMI in recommended range? Yes _____ No _____ Was counseling initiated? **Yes** _____ **No** _____

Is scoliosis present? Yes _____ **no** _____ Under care? _____

Vision: - Far – Right _____ Near – Right _____ Hearing: Right _____ Left _____
 Left _____ Left _____
 OU _____ OU _____

Should this student have any restriction on physical education activities? **No** _____ **yes** _____
 If **yes**, please specify. _____

What recommendations do you wish to make to teachers or nurses which might benefit this child at school? _____

Signature of Physician

Address

Telephone #

Date

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR

ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.



FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

