

Health History and Physical Examination Form
 Independent School District 196-Rosemount, Apple Valley, Eagan

Student's Name _____ M F Date of Birth _____

Last First Middle Month/Day/Yr

Parent/Guardian Name _____ Home Phone _____

Significant Past Health history or present illness: _____

Parent/Guardian: Please complete this section **Health History** **Black Ink** **Please print**

	Yes	No	Remark
Allergies (Specify)			Speech Difficulty
Asthma			Emotional Difficulty
Diabetes			Physical Handicap
Visual Difficulty			Surgery (Specify/dates)
Seizures			Other:
Preschool Screening	Please use this space for any concerns or special needs your child may have at school:		
Done in District 196? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IEP <input type="checkbox"/> Yes <input type="checkbox"/> No			Would you like to have an appointment with the school nurse <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician: Please complete the sections below:
 Height _____ in Weight _____ lb BMI _____ Vision R20/____ L20/____ Corrected Yes No

	Normal	Abnormal	Remarks
Hearing			Right _____ Left _____
Skin			Abdomen
ENT			Genito-Urinary
Dental			Neurological
Heart			Nutrition
Lungs			Speech
Varicella Disease	Yes	No	Emotional
			Allergies: Please list:

Medications and treatments to be administered at school:

Is there a condition that may result in an emergency situation Yes No Please explain:

Is there a condition that may limit participation? Yes No

Physician Signature _____ Date of Exam _____

Physician Name (print or type) _____ Clinic _____ Phone _____

Are Your Kids Ready?

Minnesota's Immunization Law

Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years ^① For Kindergarten	Age: 7 through 11 years For 1st through 6 th grade	Age: 12 years and older For 7 th through 12 th grade
Hepatitis A (Hep A) ✓✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ^⑥ ✓✓✓
DTaP/DT ✓✓✓✓	DTaP ^④ ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses	Tdap ^⑦ ✓ at 7 th grade
Polio ✓✓✓	Polio ^⑤ ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			
Pneumococcal ^② ✓✓✓✓			Meningococcal ^⑧ ✓ at 7 th grade & at ✓ age 16
Varicella ^③ ✓	Varicella ^③ ✓✓	Varicella ^③ ✓✓	Varicella ✓✓

Immunizations recommended but not required:

Influenza

Annually for all children age 6 months and older

Rotavirus

For infants

Human papillomavirus

At age 11 -12 years

- ① First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ② Not required after 24 months.
- ③ If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.
- ④ Fifth shot of DTaP not needed if 4th was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if 3rd was after age 4. Final dose of polio on or after age 4.
- ⑥ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- ⑦ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7-10 years another dose is not needed for 7th grade. However, if it was only a Td, a Tdap for 7th grade is needed.
- ⑧ One dose is required for 7th grade, a second dose at age 16 years (10th/11th grade).

Exemptions

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

Looking for Records?

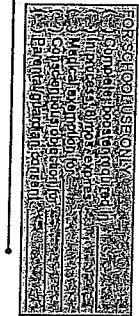
For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

Student Immunization Form

Student Name _____

Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.



Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs. Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption. Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional). For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

School Personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Diphtheria, tetanus, and Pertussis (DTaP, DTP, DT)					
• for children age 6 years and younger					
• initial dose on or after age 4 years					
Tetanus and Diphtheria (Td)					
• for children age 7 years and older					
• 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above					
Tetanus, Diphtheria and Pertussis (Tdap)					
• for children in 7th - 12th grade					
Polio (IPV, OPV)					
• final dose on or after age 4 years					
Masles, Mumps, and Rubella (MMR)					
• minimum age: on or after 1st birthday					
Hepatitis B (Hep B)					
Varicella (chickenpox)					
• minimum age: on or after 1st birthday					
• vaccine or disease history required					
Measles/Mumps (MM), Mumps/Varicella (MV), or Mumps/Measles/Varicella (MMV)					
• for children in 7th - 12th grade					
• booster given at age 16 years					
Recommended					
Human Papillomavirus (HPV)					
Hepatitis A (Hep A)					
Influenza (annually for children 6 months and older)					

Additional exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DT/DTaP and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-16 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older: Do not need polio vaccine.

Developed by the Minnesota Department of Health - Immunization Program

www.health.state.mn.us/immunize

(721)3 #140-0155

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an original medical or conscientious

Box 3 to provide consent to share immunization information (optional)

Student Name _____

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Received all required immunizations:

I certify that this student has received all immunizations required by law.

Signature of Parent / Guardian OR Physician / Public Clinic _____

Date _____

B. Will complete required immunizations within the next 8 months:

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

Signature of Physician / Public Clinic _____

Date _____

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No student is required to receive an immunization, if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant _____

Date _____

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (Year)

Signature of physician/nurse practitioner/physician assistant (if disease occurred before September 2010, a parent can sign)

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian _____

Date _____

Subscribed and sworn to before me this: _____ day of _____ 20____

Signature of notary _____

3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent. It is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law. I agree to allow school personnel to share my student's immunization documentation with Minnesota's Immunization Information system.

Signature of parent or legal guardian _____

Date _____

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