

Immunization Record:					
Type of vaccine	1 st	2 nd	3 rd	4 th	5 th
DTaP/DTP (Diphtheria, Tetanus, Pertussis)					
DT					
Td					
OPV/IPV (Polio)					
MMR (Measles, Mumps, Rubella)					
Measles					
Mumps					
Rubella					
HIB					
TB Test (type & result)					
Hepatitis B					
Varicella (chicken pox vaccine)					
HepatitisA* *not required as of 2001 Other:					
Menactra					
HPV					

Physical Examination Form

Student's Name: _____

Address: _____

Phone Number: _____

Birth Date: _____ Sex: _____

Parent/Legal Guardian: _____

Physician's Name: _____

Physician's Phone #: _____

Dentist's Name: _____

Dentist's Phone Number: _____

To Parent/Legal Guardian:

In accordance with the recommendations to the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to school. Kindergarten, 3rd grade, 6th grade, and all newly enrolled students.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.