



LAKEWOOD PARK CHRISTIAN SCHOOL

5555 CR 29 Auburn, IN 46706
260-925-1393

Physical Examination Form

Due in office by August 1st

To be completed by Parent:

Today's Date _____

Child's Name _____ Birthdate _____ M/F _____

Biological Father's Name _____ Biological Mother's Name _____

If the above child has frequent problems with any of the following, please describe:

Allergies _____ Asthma _____

Seizures _____ Ears _____

Nose/Throat _____ Bladder _____

Stomach _____ Major Illness _____

Routine medicines taken by the child _____

Emotional or physical problems that might affect your child at school _____

My child had chicken pox disease _____ (Month/season and year).

Biological Parent/Legal Guardian Signature _____

To be completed by Physician:

Height _____	Weight _____	Blood Pressure _____	Pulse _____
Vision Screen R 20/ _____		L 20/ _____	Corrected? _____

General appearance _____ Skin _____

Heart _____ Lungs _____

Abdomen _____ Genitalia/Hernia _____

Nose/Sinus _____ Throat/Mouth _____

Glands/Thyroid _____ Speech _____

Ears _____ Hearing Loss _____

Attention: 5th-12th grade students who think they might participate in athletics should complete the IHSAA sports physical form instead. The IHSAA sports physical counts for the school physical and the required sports physical.

Please see reverse

Emotional/Behavioral Problem? _____

ADD/ADHD _____ Medications _____

Physical disabilities, limitations, or restrictions _____

Immunizations Current? _____ Needed Boosters? _____

Cleared for school _____ Cleared for P. E. _____

Comments _____

Physician's Signature _____

Date _____

Printed name of physician _____

Printed address _____

Physician phone number _____

Immunization Record

Indiana law requires all children enrolling in any Indiana school to provide a current COPY of the child's immunization record or file a yearly medical or religious objection to immunizations. A medical objection form must be completed by the doctor who has determined immunization to be detrimental to the child at this time. This must be received by the student's start date, or the student will not be allowed to attend school until it is received. Waivers may be granted on a case by case basis.

IN State Department of Health School Immunization Requirements (Updated November 2021)

Grade	Required	
Pre-K	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps & Rubella) 2 Hepatitis A
K-5th grade	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A
6th-11th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)
12th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap

****Please contact your child's doctor or the school nurse at nurse@lakewoodpark.org if you have questions about your child's immunizations.**