



LAKEWOOD PARK CHRISTIAN SCHOOL

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

Elementary Physical Examination Form

Due in office by July 15th

All portions of form must be complete to be accepted

History Section *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 _____

Physical Examination Section *To be completed by Doctor or Nurse Practitioner*

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 _____

Please see reverse

Ears _____ Hearing Loss _____

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. Exemptions and waivers must be resubmitted annually.

Required and Recommended School Immunizations, Indiana 2024-2025



Updated 1.30.2024

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

HepB: The minimum age for the third dose of Hepatitis B is 24 weeks of age.

DTaP: Four doses of DTaP/DTP/DT are acceptable if fourth dose was administered on or after the fourth birthday.

Polio: Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the fourth birthday and at least six months after the previous dose.
*For students in grades K-12, the final dose must be administered on or after the fourth birthday and be administered at least six months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

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

MCV4: Individuals who receive their first dose on or after their 16th birthday only need one dose of MCV4.

Hepatitis A: The minimum interval between first and second dose is six calendar months. Two doses are required for all grade levels.

For additional immunization information, visit: in.gov/health/immunization or call 1 (800) 701-0704 during normal business hours.

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