



MEDICAL INFORMATION AND IMMUNIZATIONS

Student's Name: _____ Birth Date: _____

FORM MUST BE RETURNED BEFORE STUDENT CAN ENTER LASALLE COLLEGE HIGH SCHOOL.

Allergies (food, dust, pets, medicines, etc.) _____

Serious illness _____

Chronic conditions _____

Needs while in school _____

Daily medications _____

(If needed while in school, please contact School Nurse.)

PLEASE PROVIDE A COPY OF THE STUDENT'S SHOT RECORD. PENNSYLVANIA DEPARTMENT OF HEALTH REQUIRES ALL STUDENTS IN PUBLIC, PRIVATE AND PAROCHIAL SCHOOLS TO HAVE THE FOLLOWING IMMUNIZATIONS:

Diphtheria and Tetanus (DTaP, DTP, Td or DT) 1 2 3 4 5 (1-4 required one dose on or after 4th birthday)

Polio (OPV or IPV) 1 2 3 4 (3 doses required)

Measles/Mumps/Rubella (MMR) 1 2 (2 doses required)

Hepatitis B 1 2 3 (3 doses required)

Varicella (Chicken Pox): _____ (disease, 2 doses or titer required)

Meningococcal conjugate vaccine (MCV4-Menactra): 1 2 _____

Tdap: _____

I give the School Nurse my permission to share this information with school personnel when deemed necessary for my child's educational experience.

_____ Date

_____ Parent/Guardian Signature