



ST. JOSEPH'S ACADEMY IMMUNIZATION RECORD & PHYSICAL VERIFICATION FORM

Completed form MUST be on file by July 31, 2023
UPLOAD COMPLETED FORM TO STUDENT SCHOOLADMIN ACCOUNT

PLEASE TYPE or PRINT LEGIBLY

Student Name: (Last) _____ (First) _____ (MI) _____

Address: _____ City: _____ Zip: _____

Parent Cell Phone: _____ Date of Birth: _____ Student Cell Phone: _____

IMMUNIZATION RECORD

Below is the list of immunizations required by the State of Missouri for high school students (see list below.) Please enter the month/day/year for each immunization **or attach an updated record.**

DPT/DTaP/DT (4 required) _____

TDAP (1 required) _____

MCV (Meningococcal Vaccine) *(Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.*

Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.) _____

IPV/OPV (3 required) _____

MMR (2 required) _____

HEP B (3 required) _____

Varicella (2 required) _____

I have examined the above-named student and **completed a physical evaluation.** Unless otherwise indicated, the student does not present apparent clinical contraindications to participate in all school activities. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Physician Verification Signature:

_____ Date: _____

It is a Missouri state law that the school has up-to-date immunization records including month/day/year.