

**ANNUAL HEALTH HISTORY (2-sided form)**

School Year \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_ Gr. \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ School Previously Attended \_\_\_\_\_

Is student covered by health insurance?  Yes  No (If yes:  Medical Assistance  Minnesota Care  Private/ employer-provided insurance)

**In case of emergency / illness at school and parents can not be reached, call:**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Call 1<sup>st</sup>/2<sup>nd</sup>

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Call 1<sup>st</sup>/2<sup>nd</sup>

***Immunizations are required by law to attend school.  
Please provide documentation of all immunizations given in the past year.***

**Allergies:**

\_\_\_\_\_

**Current Health Diagnosis/Conditions (physical &/or mental health):** (example: Asthma, Diabetes, ADHD)

\_\_\_\_\_

**Serious illness, operation, hospitalization or accidents within the last 12 months:**

\_\_\_\_\_

**Medications (at home &/or at school) - provide drug name, dosage & times taken:**

\_\_\_\_\_

**When medication is to be taken in school: Contact the School Health Office.**

*Policy requires that a pharmacy labeled container of the medication be provided, along with written parent/guardian & prescriber permission. Medication forms are available from the school health office. The school is able to fax the provider for permission once parent/guardian signature has been obtained.*

**Date of last eye exam:** \_\_\_/\_\_\_/\_\_\_ **By Dr:** \_\_\_\_\_ **Glasses?**  Yes  No **Contacts?**  Yes  No

**Reason for glasses:**  Nearsighted  Farsighted  Other: \_\_\_\_\_

**Date of last Physical exam:** \_\_\_/\_\_\_/\_\_\_ **By Doctor:** \_\_\_\_\_

**Date of last Dental exam:** \_\_\_/\_\_\_/\_\_\_ **By DDS:** \_\_\_\_\_

X \_\_\_\_\_   
Parent/Guardian Signature Please Print Name Date

In order for schools to provide continuity of health care, a health record is kept on file for each child that includes: immunizations, health history, and hearing & vision screenings. Health information may be shared with school staff to insure continuity of care.

**DISCLOSURE OF PROTECTED HEALTH INFORMATION**

- I may refuse to sign this annual health history and it will not affect my child's ability to receive educational services.
- The laws that protect the information identified on the Annual Health History in some situations may allow or require this entity to disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act (HIPAA) Family Educational Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA) or Chapter 13.

# Are Your Kids Ready?

## What Minnesota's Immunization Law Requires

### Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (online, home school, public, or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years <sup>③</sup> For Kindergarten	Age: 7 through 11 years For 1 <sup>st</sup> through 6 <sup>th</sup> grade	Age: 12 years and older For 7 <sup>th</sup> through 12 <sup>th</sup> grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B <sup>⑦</sup> ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT <sup>④</sup> ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses <sup>⑥</sup>	✓Tdap & DTaP series or catch-up series
Polio ✓✓✓	Polio <sup>⑤</sup> ✓✓✓✓	Polio <sup>⑧</sup> ✓✓✓	Polio <sup>⑧</sup> ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal (ACWY) <sup>⑨</sup> ✓ & booster
Pneumococcal <sup>①</sup> ✓✓✓✓	It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.		
Varicella <sup>②</sup> ✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓

### Immunizations recommended but not required:

<b>COVID-19</b> For all children in an eligible age group
<b>Influenza</b> Annually for all children age 6 months and older
<b>Rotavirus</b> For infants
<b>Human papillomavirus</b> At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ One dose must have been pertussis-containing (i.e., DTaP or Tdap) and one dose must have been given after the fourth birthday. If the first dose in the series was given before age 12 months, then four doses are needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ At least one dose must have been given after the fourth birthday. If the third dose was given before the fourth birthday, a fourth dose is needed.
- ⑨ One dose of meningococcal ACWY is required beginning at 7th grade. The meningococcal ACWY booster dose is recommended at 16 years and required for 12th grade students.

### Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.