Immunization/Health Record Preschool, K, 7th and new to KPS

Student's Last Name_____**First Name**_____

School_____ **Date of Birth**_____**Grade**_____ **Date**_____

IMMUNIZATIONS

In accordance with State Law, students enrolling for the first time, enrolling in 7th grade, and all transfer students from outside the state regardless of the grade they are entering will not be allowed to attend classes until the school has written proof of their immunization status. There will be only two circumstances for which exemptions shall be granted, please contact the school if needed. Students may be provisionally enrolled in a Nebraska school if they have begun the required immunizations and continue to receive the necessary immunizations as rapidly as is medically feasible.

PHYSICAL EXAMINATION

A physical examination is required by a physician within six months prior to the entrance of a child into the beginner grade, seventh grade, or out-of-state transfer. The cost of the physical examination shall be borne by the parent or guardian of each child who is examined. Any student who does not comply with this section, shall not be permitted to continue in school until he or she is compliant.

Complete, attach, or ask the provider to send immunization and copy of physical records to sarlarsen@kearneycats.com **for PK-5. Middle schools and high school paperwork can be dropped off at the building.Parent signatures required below.**

Date of physical examination on _____/_____/_____ **Height:**_____ **Weight:**_____ **BP:**_____

DTP/DT/DTaP #1_____ #2_____ #3_____ #4_____ (only given on or after age 4)

Polio #1_____ #2_____ #3_____ #4_____ #5_____

MMR #1_____ #2_____ (#1 only given on or after 12 months)

Hepatitis B #1_____ #2_____ #3_____

Hib #1_____ #2_____ #3_____ #4_____

Varicella #1_____ #2_____ (only given on or after 12 months)

Pneumococcal #1_____ #2_____ #3_____ #4_____ Tdap#1_____

Hepatitis A #1_____ #2_____

Hearing

Left Ear	Right Ear	HZ
dB	dB	1000
dB	dB	2000
dB	dB	4000

Please list any additional information regarding this student that may affect safety or optimal performance in school:

_____

_____

_____

Vision

A school vision evaluation is required for all children within six months prior to entering Nebraska schools for the first time.

Required Tests	Pass/Fail	Recommended Evaluation		
Amblyopia	____P ____F		Right eye@Distance (20')	20/_____ Aided/Unaided
Strabismus	____P ____F		Left eye@Distance (20')	20/_____ Aided/Unaided
Internal Eye Health	____P ____F			
External Eye Health	____P ____F		Right eye@Distance (16'')	20/_____ Aided/Unaided
Visual Activity	____P ____F		Left eye@Distance (16'')	20/_____ Aided/Unaided

Date of last dental exam_____ Results_____

*****MD, PA, or APRN Signature_____ Date_____***

*****Parent Signature _____Date_____***

I do not wish my child to have a physical examination_____

I do not wish my child to have a vision evaluation_____