

MEDICAL INFORMATION AND IMMUNIZATIONS

Student's Name:		Birth Date:	
FORM MUST BE RETUR HIGH SCHOOOL.	NED BEFORE	E STUDENT	CAN ENTER LASALLE COLLEGE
Allergies (food, dust, pets, med	dicines, etc.)		
Serious illness			
Chronic conditions			
Needs while in school			
Daily medications			
(If needed while in school, ple	ase contact Schoo	ol Nurse.)	
	TMENT OF H	EALTH REQ	OT RECORD. QUIRES ALL STUDENTS IN HAVE THE FOLLOWING
Diphtheria and Tetanus(DTaP, DTP, Td or DT) 1	2 (1-4 rec	3 quired one dose	4 5 on or after 4 th birthday)
Polio (OPV or IPV)1		3	(3 doses required)
Measles/Mumps/Rubella (MM	MR)1	2	(2 doses required)
Hepatitis B1		3	(3 doses required)
Varicella (Chicken Pox):	(disease, 2 doses or titer required)		
Meningococcal conjugate vacc	1 2 cine (MCV4-Mena	actra):	
Tdap:			
I give the School Nurse my p necessary for my child's educa			ion with school personnel when deemed
Date	Parent/Guardian Signature		