La Salle College High School

MEDICAL INFORMATION AND IMMUNIZATIONS

Student's Name:_____ Birth Date:_____

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

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)_____ _____ _____ _____ (3 doses required)
1 2 3 4

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

Hepatitis B _____ _____ _____ (3 doses required)
1 2 3

Varicella (Chicken Pox): _____ _____ (disease, 2 doses or titer required)
1 2

Meningococcal conjugate vaccine (MCV4-Menactra):_____

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