

# CAMDEN COUNTY PHYSICAL & IMMUNIZATION FORM

Name of child (Last, First, MI)		Date of BIRTH (Mo/Day/Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parents	NAME	TELEPHONE NO.	
	Or	ADDRESS	NAME OF DOCTOR
Guardian	ADDRESS	DOCTOR'S TELEPHONE NO.	

VACCINE TYPE	DISEASE DATE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS - DTP <small>(IF DT or Td, indicate in corner box)</small>							
POLIO ORAL POLIO VACCINE (OPV) <small>IF Salk Vaccine, indicate IPV in corner box</small>							
MEASLES, MUMPS, RUBELLA (MMR)					MMR Serology	Date:	Time:
MEASLES					Measles Serology	Date:	Time:
RUBELLA					Rubella Serology	Date:	Time:
MUMPS					Mumps Serology	Date:	Time:
HAEMOPHILUS B (HIB)**							
HEPATITIS B							
VARICELLA							
OTHER (Specify)							
MENINGOCOCCAL							
INFLUENZA							
PNEUMOCOCCAL							

**Measles, Mumps and Rubella Vaccine (MMR)** – all students shall have received two doses of a measles containing vaccine or any vaccine combination containing live measles vaccine such as the preferred measles, mumps, and rubella.

**Diphtheria, Tetanus and Pertussis (DPT)** – every child less than 7 years shall have received four doses of D.P.T. one of which must have been administered on or after the 4<sup>th</sup> birthday. A child with any total of 5 doses of DPT is in compliance with this regulation.

**Poliovirus Vaccine** – every child shall have received a minimum of 3 doses of poliovirus vaccine, one dose of which shall have been given on or after the child's 4<sup>th</sup> birthday. Any appropriately spaced combination of 4 doses is also in compliance with this regulation.

**Hepatitis B Vaccine** – every child entering Kindergarten or 1<sup>st</sup> grade, shall have received 3 doses of hepatitis B vaccine prior to school entrance.

**Varicella Vaccine (chicken pox) or Date of Disease** – every child entering kindergarten shall have received one dose of Varicella vaccine or provide a statement of previous varicella disease.

**Tdap** – all children entering grade 6 on or after September 1, 2008 shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday and not less than 5 years from the last documented Td dose.

**Meningococcal Vaccine** – every child entering 6<sup>th</sup> grade after September 1, 2008 and over age 11 shall have received one dose of meningococcal – containing virus.

Height _____	Mouth & Throat _____	Skin _____
Weight _____	Chest & _____	Posture/Spine/Gait _____
Nutrition _____	Heart _____	Scalp/Head/Neck _____
Abdomen/Hernia _____	Genitals _____	Coordination _____
Extremities _____	Eyes _____	Last Eye Exam _____
Nose _____	Ears _____	Last Hearing Test _____
Blood Pressure _____	Any Restrictions _____	Any Referrals Needed? _____

Physician – Print Name \_\_\_\_\_ Address \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_