

**SCHOOL ENTRANCE CHECKLIST
2008-2009 SCHOOL YEAR**

Student _____ Date of Birth _____

IMMUNIZATION REQUIREMENTS FOR ENTRY INTO FOUR-YEAR-OLD PROGRAMS

Age-appropriate immunizations are required for admission to the 4-year-old program.

CHECKLIST

- * **DTaP, DTP, DT or Td** If deficient, date resolved _____
_____ Is there a minimum of 4 doses before age 4?
OR
_____ Are there 3 doses with one after the 4th birthday?
- * **Polio (OPV/IPV)** If deficient, date resolved _____
_____ Is there a minimum of 3 doses before age 4?
- * **Measles, Mumps, Rubella (MMR)** If deficient, date resolved _____
_____ Is there a minimum of 1 Measles, 1 Mumps, and 1 Rubella (MMR)?
_____ Was the 1st dose administered at age 12 months (365) days or older?
_____ If two doses, are there at least 28 days (4 weeks) between dose 1 and dose 2 of Measles?
- * **Hepatitis B** If deficient, date resolved _____
_____ Is there a minimum of 3 doses for all children born on or after January 1, 1994?
_____ Is there at least 1 month (**28 days [4 weeks]**) between the 1st and 2nd doses?
_____ Are there at least 2 months (**56 days [8 weeks]**) between the 2nd and 3rd doses?
_____ Are there at least 4 months (**112 days [16 weeks]**) between the 1st and 3rd doses?
_____ Is the third dose given after age 6 months?
- * **HIB** If deficient, date resolved _____
_____ Is there a minimum of one dose?
- * **Varicella (Chickenpox)** If deficient, date resolved _____
_____ Has the student (**born on or after January 1, 1997**) had one dose of the vaccine?
_____ Was the vaccine administered at age 12 months (365 days) or older?
OR
_____ Is there documentation by a physician that the student has had the disease (chickenpox)?

* VACCINE DOSES ADMINISTERED EQUAL TO OR LESS THAN 4 DAYS BEFORE THE MINIMUM INTERVAL OR AGE SHOULD BE COUNTED AS VALID.

Conditional enrollment: Students who have not met the above requirements for DTaP, Polio, or Hepatitis B must have documented proof of at least one dose of the vaccine and a scheduled plan to complete the series within 90 school days.

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Revised 8/28/08

School Entrance Physical Examination Requirements

Pittsylvania County School Board policy requires a comprehensive physical examination within 12 months prior to entering four-year-old programs.

CHECKLIST

_____ Is Part I (Health Information Form) filled out and signed by the parent/guardian?
If deficient, date resolved _____

_____ Is there a physical examination **signed** by a licensed physician, nurse practitioner, or physician assistant? **If deficient, date resolved** _____

_____ Is the physical examination **dated**?
If deficient, date resolved _____

_____ Was the physical exam done within **one year** of pupil first entering the four-year-old program?
If deficient, date resolved _____

The following questions pertain to the NEW form (MCH-213F [white]) only:

_____ Is either the “**do**” or “**do not**” blank **checked** in the box at the bottom of the Health Information Form (page 1)? **If deficient, date resolved** _____

_____ Has the physician, nurse practitioner or physician’s assistant filled out the box, “**Summary of Findings**”, (located above the signature box) and **any recommendations** (if applicable) on page 4?
If deficient, date resolved _____

EXCEPTIONS: (Subsection C)

***Medical Exemptions**

_____ Is there a statement on the MCH-213 form stating contraindication to one or more vaccines signed by a licensed professional?

***Religious Exemptions**

_____ Has the parent signed and had notarized the Certificate of Religious Exemption form (CRE-1)?

*The principal is to make a list of exempted students and notify parents of these students in the event of an outbreak.

Person reviewing record: _____

Date: _____