

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

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MINIMUM IMMUNIZATION REQUIREMENTS FOR ENTRY INTO SCHOOL**

**Directions: Fill out a checklist on all new students (including Kindergarteners). Check appropriate spaces. If deficient write "No" in red ink. When resolved mark through the red "No" and write "corrected" in black ink and fill in the date resolved. A list of deficiencies is to be kept in a designated folder.**

**CHECKLIST**

**\* DtaP, DTP, DT or Td If deficient, date resolved \_\_\_\_\_**

\_\_\_\_\_ Is there a minimum of 3 doses with at least one dose after the fourth birthday?

OR

\_\_\_\_\_ Are there six doses before the fourth birthday?

**TDap, Td If deficient, date resolved \_\_\_\_\_**

\_\_\_\_\_ Is there a dose within 5 years of entering 6<sup>th</sup> grade? (Applies to 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grade only.)

**\* Polio (OPV/IPV) If deficient, date resolved \_\_\_\_\_**

\_\_\_\_\_ Is there a minimum of 3 doses with at least one dose after the fourth birthday?

OR

\_\_\_\_\_ Are there four doses before the fourth birthday?

**\*Measles, Mumps, Rubella (MMR) If deficient, date resolved \_\_\_\_\_**

\_\_\_\_\_ Is there a minimum of 2 Measles, 1 Mumps, and 1 Rubella (MMR)?

\_\_\_\_\_ Was the 1<sup>st</sup> dose administered at age 12 months (365) days or older?

\_\_\_\_\_ Is 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?

\_\_\_\_\_ Is there at least 1 month (**28 days [4 weeks]**) between the 1<sup>st</sup> and 2<sup>nd</sup> doses?

\_\_\_\_\_ Are there at least 2 months (**56 days [8 weeks]**) between the 2<sup>nd</sup> and 3<sup>rd</sup> doses?

\_\_\_\_\_ Are there at least 4 months (**112 days [16 weeks]**) between the 1<sup>st</sup> and 3<sup>rd</sup> doses?

\_\_\_\_\_ Is the third dose given after age 6 months?

OR **Recombivax**

\_\_\_\_\_ 1<sup>st</sup> dose (Given between the ages of **11-15** years)

\_\_\_\_\_ 2<sup>nd</sup> dose given (**4 to 6 months after 1<sup>st</sup> 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.

**CONTINUE ON BACK**

## CHECKLIST

### OLD FORM (MCH-213E) (blue or white form)

\_\_\_\_\_ Is Part I (Health Information Form, page 1) filled out?  
(grades K-5) **If deficient, date resolved** \_\_\_\_\_

\_\_\_\_\_ Is the Health Information Form **signed** by the person completing Part I (page 1)? (may be the same as the parent/guardian) **If deficient, date resolved** \_\_\_\_\_

\_\_\_\_\_ Is there a physical examination **signed** by a licensed physician, nurse practitioner, or physician's assistant (page 4)? (grades K-5) **If deficient, date resolved** \_\_\_\_\_

\_\_\_\_\_ Is the physical examination **dated** (page 4)? (grades K-5)  
**If deficient, date resolved** \_\_\_\_\_

\_\_\_\_\_ Was the physical exam done within **one year** of pupil first entering public kindergarten or elementary school? (grades K-5)  
**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:** \_\_\_\_\_