

**NORTH PENN SCHOOL DISTRICT
PENNSYLVANIA SCHOOL IMMUNIZATION REQUIREMENTS**

11

NEW ADMISSIONS
HEALTH PROBLEMS AND PERMISSIONS

DATE _____

I. SCHOOL _____ GRADE ENTERING _____
 STUDENT NAME _____ BIRTHDATE _____
 ADDRESS _____ COUNTRY OF BIRTH _____
 _____ TELEPHONE _____

II. My child has the following health problems: examples; bee sting allergy, severe asthma, diabetes, seizures, loss of hearing, loss of vision, etc.

The following emergency treatment is required:

Prescription medication must be provided by parent/guardian in the original container.

III. All new entrants who are considered in the high-risk category or have been exposed to tuberculosis are required by the state of Pennsylvania to have a tuberculin test.

IV. Per the Pennsylvania Department of Health regulations, your child needs a physical and dental examination on file. Please indicate your choice below and initial.

Private Physical _____ School Physical _____
 Private Dental _____ School Dental _____

If you have chosen to have the examinations done privately, it should be completed by October 15.

V. The state of Pennsylvania and the North Penn School District require proof of the following immunizations at the time of registration:

GRADE	DPT, DT, Td, Tdap	MMR	HEPATITIS B	POLIO	VARICELLA OR HISTORY OF	MENINGOCOCCAL CONJUGATE (MCV)
Entering at All Grades	4 doses – 1 dose on or after 4 th birthday	2	3	3	2	
7	1 dose Tdap *					1

*If 5 years have elapsed since last tetanus immunization.

_____ Parent Signature

_____ Date