



DEPARTMENT OF SCHOOL HEALTH SERVICES
1921 "A" Street
La Porte, Indiana 46350

Dear Parent/Guardian:

When a child enrolls in an Indiana school corporation, for the first time or any subsequent time and at any level, the parents must show either that he/she has been immunized or that a current religious or medical objection is on file. Parents must provide the school corporation with complete immunization records prior to the beginning of the school year.

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY
2011-2012

Grade	Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none"> • 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required. • 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination. • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 1 dose of measles (rubeola) vaccine on or after the first birthday. • 1 dose of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday or physician written documentation of history of chickenpox disease, including month and year of disease.
Kindergarten	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV. The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose. (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday, and at least 6 months after the 2nd dose). • 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.
Grade One	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least

	<p>6 months after the 3rd dose).</p> <ul style="list-style-type: none"> • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> physician written documentation of history of chickenpox disease, including month and year of disease.
<p>Grades Two, Three, Four, and Five</p>	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.
<p>Grades Six, Seven, Eight, Nine, Ten, Eleven and Twelve</p>	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP) or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose). • 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday). • 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age). • 2 doses of measles (rubeola) vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 dose of rubella (German measles) vaccine on or after the first birthday. • 2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient. • 1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age. • 1 dose of meningococcal conjugate vaccine (MCV4).

*For children who have delayed immunizations, please refer to the 2011 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2011 CDC guidelines must be met for a dose to be valid. These guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm.

LA PORTE COMMUNITY SCHOOL CORPORATION
1921 "A" Street
La Porte, Indiana 46350

DEPARTMENT OF SCHOOL HEALTH SERVICES
VISION & EYE EVALUATION

DATE _____

NAME _____ AGE _____
(Last) (First) (Middle)

PARENT'S NAME _____

ADDRESS _____

SCHOOL _____ GRADE _____

Modified Clinical Technique

1. Visual Acuity R. _____ L. _____

2. Ametropia R. _____ L. _____

3. Ocular Motility

a. Distance ESO ORTHO EXO

b. Near ESO ORTHO EXO

4. Ocular Inspection

a. External _____

b. Internal _____

5. Color Vision _____

Instrument _____

6. Recommendations & Comments

_____ No referral indicated. _____ Referral for visual examination & diagnosis indicated.

Signed _____ O.D., M.D.