



HEALTH AND IMMUNIZATION FORM

PLEASE SEND OR FAX THIS HEALTH FORM TO SCHOOL BY AUGUST 1, 2017.

No student will be allowed to attend class until this health and immunization form is complete and in compliance with state law.

This is not the form required to participate in sports.

An additional form from MSHSAA is required for participation in extracurricular sports.

Name: _____
(date of birth) (phone) (class year)

Address: _____
(street) (city) (state) (zip)

Health History: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Bone disease | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Contact Lens/Glasses | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Emotional Issues | <input type="checkbox"/> Heart/Blood Disorders | <input type="checkbox"/> Other (Specify below) |

Please explain any answers that you checked above and include any information useful to the staff of STA.

Health Condition: _____

Medications: (list medications your daughter takes on a routine basis) _____

Allergies: (list allergies to medications, foods, etc. and the symptoms exhibited with exposure) _____

Please sign below if your student has been examined by a physician and is cleared to participate in the following:

- Physical Education classes and intramurals I carry an epipen
 Competitive athletics (Must have MSHSAA form completed prior to start of the sport's season)

Physical activity restrictions are as follows: _____

Parent's Signature _____ Date _____

Immunization History: (include month, day, and year of each immunization)

	1st dose	2nd dose	3rd dose	4th dose	5th dose
	mm/dd/yr	mm/dd/yr	mm/dd/yr	mm/dd/yr	mm/dd/yr
DTaP/DTP/DT ¹					
DT/Tdap ²					
MCV (Meningococcal) ³					
Polio (IPV)					
Measles (MMR)					
Hepatitis B*					
Varicella		(Not Required)			

* Kansas Health Department does not require the series of Hepatitis B shots for their students. It is required by the Missouri Health Department.

This student has not received the recommended immunizations (Missouri Department of Health Immunization Exemption form must be attached)