

Missouri School Immunization Requirements

*All students must present documentation of an up-to-date immunization status, including month, day, and year of each immunization, to be completed by the physician, **before** attending school.



*The current immunization schedule for Missouri, is accessible online at: <http://www.cdc.gov/vaccines/schedules/index.html>

*Unimmunized children must have on file, a **Religious Exemption Card, or a Medical Exemption Card** from a physician that the physician has signed and dated. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

*An **"Immunization in Progress" Card** signed and dated by a physician must be on file for children who have begun the vaccine series and have an appointment for the next dose. This appointment must be kept, and an updated immunization record provided to the school. **If the appointment is not kept, the child is no longer "In Progress," and is Noncompliant.** Exclusion from school is imposed for Elementary students on October 14th for students who are noncompliant. Preschool Students' Immunization compliance deadline is January 14th. "In Progress" does not apply to Tdap(Tetanus, Diptheria, Pertussis) or Td booster.

Parent/Guardian: please initial on the line to indicate that you have read this information. _____

(Missouri Department of Health and Senior Services Bureau 7/2013)

 Physical Examination Form 	
Student's Name: _____	Grade: _____
Birth Date: _____	Sex: _____
Parent/Legal Guardian: _____	
Physician's Name: _____	
Physician's Phone #: _____	
<u>To Parent/Legal Guardian:</u> In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Preschool, Kindergarten, 3rd grade, 6th grade, and all newly enrolled students who have not had a physical examination within the past 12 months. This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.	
School Name: St. Monica School	
School Address: 12132 Olive Blvd. Creve Coeur, MO. 63141	
School Phone: 314-434-2173	
School fax: 314-434-7689	

Medical History: (to be completed by physician)

Eyes: Glasses _____ (reading _____ distance _____) contacts _____

Ears: frequent infections _____ tubes _____

Hearing difficulty (explain) _____

Hearing aid - right _____ left _____

Allergies: (drugs, food, insects, pollens)

Please list: _____

Has the allergy required emergency action? (Explain)

Asthma: Yes ___ NO ___ Triggered by: _____

Treatments/Medications: _____

Diagnosed by physician (date): _____

Seizure: Yes ___ No ___ Date of last seizure: _____

Describe seizure: _____

Medication: _____

Other Medication/Inhaler: _____

Reason for taking: _____

Other Health Concerns (Explain): _____

Other illness, injury or health problem that might affect performance at school: _____

Physical Examination: (to be completed by physician)

Growth Examination:

Height: _____ Weight: _____

Dietary restrictions: _____

Physiologic Measurements:

Temp: _____ Pulse: _____ Respiration: _____

Blood Pressure: _____ Urinalysis: _____

Physical Exam:

General Appearance: _____

Skin: _____

Head: _____

Neck: _____

Eyes: _____

Vision Test: _____ Right _____ Left

Ears:

Hearing Test: _____ Fail: _____

Nose/Mouth/Throat: _____

Abdomen: _____

Genitalia: _____

Physician Signature

Date of exam

Office Stamp

Please Attach a copy of the current Immunization Record