

**LAKE STATION COMMUNITY SCHOOLS  
2500 PIKE ST.  
LAKE STATION, IN 46405**

**IMMUNIZATION REQUIREMENTS**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School year \_\_\_\_\_

This is a list of the immunizations and boosters necessary for your child to meet the requirements of the new Indiana State Law. Please return this form, completed and signed by your doctor, to school before being accepted as enrolled in the Lake Station Community Schools.

**PLEASE FILL IN MONTH, DAY and YEAR**

	<u>Date Given</u>	<u>Date Given</u>	<u>Date Given</u>	<u>Date Given</u>	<u>Date Given</u>
DPT	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
POLIO	#1 _____	#2 _____	#3 _____	#4 _____	
MMR	#1 _____	#2 _____			
HEPATITIS B	#1 _____	#2 _____	#3 _____		
VARICELLA	#1 _____	#2 _____	or date of disease _____		

other IMMUNIZATIONS \_\_\_\_\_

Local Health Officer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**SCHEDULED DATES of required IMMUNIZATIONS**

DPT	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
POLIO	#1 _____	#2 _____	#3 _____	#4 _____	
MMR	#1 _____	#2 _____			
HEPATITIS B	#1 _____	#2 _____	#3 _____		
VARICELLA	#1 _____	#2 _____			