Email: registrar@stmarysdominican.org; FAX: (504) 866-5958;
Mail: SMDHS, 7701 Walmsley Avenue, New Orleans, LA 70125

St. Mary's Dominican High School
Health Information Form

STUDENT NAME (Last) (First) (Middle)	BIRTHDATE	PHONE
ADDRESS	PARISH	
PARENT or GUARDIAN	FAMILY PHYSICIAN	

TO BE COMPLETED BY FAMILY PHYSICIAN:

PHYSICAL EXAMINATION

WEIGHT	HEIGHT	TEMPERATURE
PULSE	RESPIRATION	BLOOD PRESSURE

EYES	EARS	NOSE	THROAT

LUNGS	HEART	BLOOD
NERVOUS DISTURBANCES		
DEFORMITIES & ABNORMALITIES		
DIAGNOSIS		

This student (can/ cannot) participate fully in a high school physical education program. Comments:

Is this student on any regular medication which must be administered during the school day? (Yes/ No)
Comments:

SIGNATURE OF ATTENDING PHYSICIAN (also required on reverse)	PHONE NUMBER

(OVER)

STUDENT IMMUNIZATION REPORT

Parents are required by law to furnish the school with a valid, up-to-date copy of their daughter's immunization record. Louisiana Statute 17:170 mandates that all students be properly immunized to attend any school within the state. The minimum immunization requirements for students to be eligible to attend and remain in school are:

4 DTP (Diphtheria/Tetanus/Pertussis combined)
3 Oral Polio
1 MMR (Measles/Mumps/Rubella)
HepA
HepB
VAR
MenACWY

The last DTP and Polio must have been given after the fourth birthday. It is recommended that a student be given a TD at 14 – 16 years of age and every 10 years thereafter. The law does allow for letters of dissent. However, no letter will be accepted except those signed by the parent or guardian at the school, in the presence of a school official.

TO BE COMPLETED BY FAMILY PHYSICIAN: Please complete the immunization record chart below and verify that the patient's immunization dates have been entered into the Louisiana Immunization Network for Kids Statewide (LINKS) system.

DATES OF IMMUNIZATIONS								
VACCINES	**1st**	**2nd**	**3rd**	**4th**	**5th**	**6th**	**7th**	**8th**
DTaP/DT								
Td								
TDaP								
Polio								
HiB								
PCV7								
MCV4								
HBV								
MMR								
VAR								
HPV								
HepA								
HepB								
IPV								
MenACWY								
Influenza								
Rotavirus								

CHOOSE ONE OF THE BELOW OPTIONS:

OPTION 1:

( ) Patient has completed the immunization required by state law.
Her next TD booster is due _____ to fulfill requirements.

OPTION 2:

( ) Patient is still in the process of completing the immunizations required by state law.
Number of doses needed to fulfill requirements:
_____ DTP/TD _____ Polio _____ MMR

SIGNATURE OF ATTENDING PHYSICIAN	**DATE**