

STUDENT IMMUNIZATION RECORD

The Schilling School for Gifted Children
8100 Cornell Road Cincinnati, Ohio 45249
Phone 513-489-8940 Fax 513-489-8941
schillingschool.org

Student Name _____
Date of Birth _____ Grade _____ Sex M _____ F _____

Immunizations required by law: 4 DPT, 3 Polio, 1 MMR (measles, mumps, rubella) on or after the child's first birthday. (A second MMR is required any time before entrance into seventh grade).

All students must have documentation of tuberculosis testing by the first day of school.

PLEASE COMPLETE THE CHART BELOW OR ATTACH A DOCTOR'S FORM. THANK YOU.

TYPE					
DPT					
DPT/HIB					
TD					
POLIO					
MMR					
MEASLES					
RUBELLA or					
MUMPS					
HIB-d					
TUBERCULIN (MANTOUX)					
HEPATITIS B VACCINE					
OTHER					

PHYSICAL EXAMINATION

Date of Exam _____ Weight _____ Height _____

Vision _____ Hearing _____ Blood Pressure _____

Does this student have any significant medical problems? _____
Please Describe _____

If you wish this student to be restricted from any part of our school program, please explain

Physician's Name Printed _____

Physician's Signature _____

Date _____

Office Address _____

Phone No. _____ email _____