

**THE LAMPLIGHTER SCHOOL**  
**MEDICAL CERTIFICATE**  
**DUE ON OR BEFORE AUGUST 19, 2014 FOR THE 2014-2015 SCHOOL YEAR**

The Lamplighter School requires a physical examination, by a LICENSED PHYSICIAN, of students who will be entering grades PK, K, 1, 3, and all new students. The physical examination date must be within 12 months prior to the start of the coming school year. **Enrollment is not complete without returning this form by August 19, 2014.**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Last First Middle Month/ Day/ Year

New  or Re-enrolling Student  Grade in Fall \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

**IMMUNIZATIONS:** The Texas Department of Health requires month, day & year of immunization. Students not in compliance with current immunizations on the first day of school will be excluded from school attendance.

	1st	2nd	3rd	4th	Boosters	Boosters
HIB	/ /	/ /	/ /	/ /	/ /	
DPT, DT, TD	/ /	/ /	/ /	/ /	/ /	/ /
POLIO	/ /	/ /	/ /	/ /		
MEASLES	/ /	/ /		Two doses with the first dose on or after the first birthday: second by age 5 or entry into kindergarten.		
MUMPS	/ /	/ /				
RUBELLA	/ /	/ /				
HEPATITIS B	/ /	/ /	/ /	Three doses required for grades PK-4		
Varicella Vaccine OR Chickenpox Disease	/ /	/ /		Two doses on or after 1 <sup>st</sup> birthday for K-4		
HEPATITIS A	/ /	/ /		Two doses on or after 2nd birthday		
Pneumococcal Conjugate Vaccine	/ /	/ /	/ /	/ /		

**PHYSICAL EXAMINATION** Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Urine \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

**Vision and hearing tests required for grades PK 4 yr. Olds, K, 1, 3, & new students.**

Vision Rt. 20/\_\_\_\_ Lt. 20/\_\_\_\_ Hearing @25dB 500 1k 2k 4k  
 Glasses Rt. 20/\_\_\_\_ Lt. 20/\_\_\_\_ Right Ear \_\_\_\_\_  
 Contacts Rt. 20/\_\_\_\_ Lt. 20/\_\_\_\_ Left Ear \_\_\_\_\_

	WNL or Neg	Abnormal or Pos.		WNL or Neg	Abnormal or Pos.
Skin (Acanthosis Nigricans 3 <sup>rd</sup> Grade)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Eyes, Ears, Nose	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>
Lung, Chest	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Joint Function	<input type="checkbox"/>	<input type="checkbox"/>

Explain any abnormal or positive findings: \_\_\_\_\_

Examination of the above student has revealed that he/she is physically able to participate in physical education.

Signature of Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

**THE LAMPLIGHTER SCHOOL  
IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE  
TEXAS DEPARTMENT OF HEALTH**

The Texas Immunization Law requires complete current immunization records prior to enrollment. The series and booster dates must include the month, day, and year. Students who are not current or do not have immunization records on file will be excluded from school until immunization records are complete.

**Diphtheria/Tetanus/Pertussis (DPT/DTaP/Td):**

Five doses of any combination DTaP/DTP unless 4<sup>th</sup> dose was given on or after 4<sup>th</sup> birthday.

**Polio (OPV/IPV)**

Four doses unless the 3<sup>rd</sup> dose was on or after the 4<sup>th</sup> birthday.

**Measles, Mumps, and Rubella (MMR)** Two doses of MMR vaccine with the 1<sup>st</sup> dose on or after the 1<sup>st</sup> birthday; second dose by age 5 or entry into kindergarten.

**Hepatitis B**

Three doses are required for PK-4.

**Varicella (Chickenpox)**

Two does are required entering kindergarten OR a written statement attesting to history of disease.

**Hepatitis A**

Two doses are required on or after 2<sup>nd</sup> birthday.

**HIB (Haemophilus Influenzae type B).**

Students must have three doses of HIB before 15 months or one dose after 15 months.

**Tuberculosis (TB skin test)**

Recommended but not required; consult physician.

**Pneumococcal Conjugate Vaccine**

Four doses, with first three doses two months apart and with one dose on or after 12 months of age for Pre-K students