**Healthy Examination**

<table>
<thead>
<tr>
<th><strong>Type of Vaccine</strong></th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
<th>4th Dose</th>
<th>5th Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP (Diphtheria, Pertussis, Tetanus)</td>
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<tr>
<td>Td/Tdap (Tetanus, Diphtheria booster)</td>
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<tr>
<td>POLIO (IPV, OPV)</td>
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<tr>
<td>HEPATITIS B (HBV)</td>
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<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td>VARICELLA (Chickenpox)</td>
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<tr>
<td>Meningococcal (MCV)</td>
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<tr>
<td>Human Papillomavirus (HPV)</td>
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<tr>
<td>Other: (Specify)</td>
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</tbody>
</table>

**Legal Exemptions on Backside.**

Shaded immunizations are not required for school.

<table>
<thead>
<tr>
<th><strong>Health Concerns</strong></th>
<th><strong>Medication/Treatment/Referral Plan</strong></th>
<th><strong>Recommendations for School</strong></th>
</tr>
</thead>
</table>

There is a condition that may result in an emergency:  ❑ yes  ❑ no
(if yes, elaborate below)

There is a condition that may interfere with learning:  ❑ yes  ❑ no

**Required for Sports**

Any student who intends to participate in interscholastic athletics and/or cheerleading activities must have on file in the school, a record of a physical examination performed by a licensed health professional within the past three years, with an indication of permission to participate in inter-school athletics.

A copy of the official MN High School League Physical form can be printed at: [http://athletics.mpls.k12.mn.us](http://athletics.mpls.k12.mn.us)

**Describe any abnormal findings or chronic conditions.**

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<th><strong>Medication/Treatment/Referral Plan</strong></th>
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</table>

Note: a separate form is required for all medications and treatments to be administered at school.

**Signature and Title of Health Care Provider**

**Print Name**

**Date of Physical Exam**

**Clinic Name**

**Phone**

**Fax**
Student Name ___________________________________________________

Instructions, please complete:
Box 1 to certify the child’s immunization status
Box 2 to file an exemption (medical or conscientious)
Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child’s immunization status.

<table>
<thead>
<tr>
<th>A. Received all required immunizations:</th>
<th>B. Will complete required immunizations within the next 8 months:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that this student has received all immunizations required by law.</td>
<td>I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</td>
</tr>
<tr>
<td>Signature of Parent / Guardian OR Physician / Public Clinic __________________________ Date</td>
<td>The dates on which the remaining doses are to be given are:</td>
</tr>
<tr>
<td></td>
<td>Signature of Physician / Public Clinic __________________________ Date</td>
</tr>
</tbody>
</table>

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

<table>
<thead>
<tr>
<th>A. Medical exemption:</th>
<th>B. Conscientious exemption:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:</td>
<td>No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:</td>
</tr>
<tr>
<td>I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</td>
<td>I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</td>
</tr>
<tr>
<td>Signature of physician/nurse practitioner/physician assistant __________________________ Date</td>
<td>Signature of parent or legal guardian __________________________ Date</td>
</tr>
<tr>
<td>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in ___________ (year)</td>
<td>Subscribed and sworn to before me this: ___________________________ day of __________________________ 20________</td>
</tr>
<tr>
<td>Signature of physician/nurse practitioner/physician assistant __________________________ Date</td>
<td>Signature of notary __________________________</td>
</tr>
</tbody>
</table>

3. Parental/Guardian Consent to Share Immunization Information (optional):
Your child’s school is asking your permission to share your child’s immunization documentation with MIIC, Minnesota’s immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child’s immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student’s immunization documentation with Minnesota’s immunization information system:

Signature of parent or legal guardian __________________________ Date