



# PHYSICAL & IMMUNIZATION RECORDS

- ✓ All Freshmen
- ✓ All Transfer Students
- ✓ All Seniors

All Freshmen, Transfer Students and Seniors must have the following Physical and Immunization Form completed and returned to Sion before the first day of school on August 16. forms may either be:

- emailed to Mrs. Sellmeyer at [msellmeyer@ndsion.edu](mailto:msellmeyer@ndsion.edu)
- faxed to 816-942-4052
- mailed to 10631 Wornall Road, KCMO 64114
- dropped off at the front office between 8:00-4:00, Monday-Thursday

\* Please note, seniors only need to send in an updated immunization record indicating they have received the Meningococcal vaccine.

# NOTRE DAME de SION HIGH SCHOOL

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## PHYSICAL EXAMINATION

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ SKIN \_\_\_\_\_

NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ EARS \_\_\_\_\_

ATHLETE'S FOOT? \_\_\_\_\_ COMMUNICABLE DISEASES: \_\_\_\_\_

ANY LIMITED ACTIVITY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IS STUDENT TAKING REGULAR MEDICATION? \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

## IMMUNIZATION RECORD

NAME: (LAST)		(FIRST)		(MIDDLE)		AGE	DATE OF BIRTH	
ADDRESS (STREET, CITY, STATE, ZIP CODE)							SEX M__ F__	
Physician		Parents/Guardians		Phone # (Home)		Phone # (Work)		

Dose	DATES GIVEN							
	DTP, DT, or DTaP	DTP/Hib	Hib	OPV or IPV	Hepatitis B	MMR	Tdap	Other
DOSE #1								
DOSE #2								
DOSE #3								
DOSE #4						Varicella		
DOSE #5					HBIG			
DOSE #6								

DATE	ADVERSE REACTIONS