## Student Health Screenings

| | Vision | | | Hearing | | Oral | | Height/Weight | |
|---|---|---|---|---|---|---|---|---|---|
| | Date | Acuity | Comments | Date | Comment s | Date | Comments | Date | Ht. Wt. BMI |
| Pre-K | | | | | | | | | |
| K | | ` | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |

**Other** _____

_____

_____

**Diocese of Wheeling Charleston Catholic Schools**

# Student Permanent Immunization/Health Record

**School Name: _____**

**Student Name: _____ Birth Date**: _____/_____/_____ **Allergies: _____**

| **Required Immunizations** | **Dose #1** | **Dose #2** | **Dose #3** | **Dose#4** | | | **Note:** |
|---|---|---|---|---|---|---|---|
| **DTap/DPT** diphtheria tetanus pertussis | | | | | | | |
| **Tdap** | | | | | **Prior to 7th** | **Prior to 12th** | Only 1 required if this booster was received after age 11. |
| **POLIO** IPV or OPV or IPOL | | | | | | | |
| **Hepatitis B** | | | | | | | |
| **MMR** measles mumps rubella | | | | | | | Pre-K 1 dose K 2nd dose |
| **Varicella** chicken pox | | | Had disease ☐ | | | | Pre-K 1 dose K 2nd dose |
| **Hepatitis A** | | | | | | | Pre-K only |
| **PCV** pneumonia | | | | | | | Refer to state guidelines if less than 4 doses |
| **HIB** influenzae type B | | | | | | | Refer to state guidelines if less than 4 doses |
| **MCV** meningococcal | | | | | **Prior to 7th** | **Prior to 12th** | Only 1 required if given after the age of 16 |
| **TB Test** | Date: | | Results: | | | | Out of State Transfer students only |

**Recorded by: _____**

**Reference for immunizations and combination vaccines**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Pediarix** | Includes DTap , Polio, and Hepatitis B | | **Prevnar** | Includes PCV | | **Pentacel** | Includes DTap, IPV, and Hib |
| **MMRV** | Measles, Mumps, Rubella and chicken pox | | **ProQuad** | Includes MMR and Varivax | | **Kinrix** | Includes DTap and IPV |
| **Varivax** | Chicken Pox virus | | **Comvax** | Includes Hib and Hepatitis B | | **Recombivax HB** | Hepatitis B |
| **HAV** | Hepatitis A virus | | **Twinrix** | Includes Hepatitis A and Hepatitis B | | **VAQTA or HAVRIX** | Hepatitis A |
| **HBV** | Hepatitis B virus | | **TriHiBit** | Includes DTap and HIB | | **Boostrix or Adacel** | Tdap |