

HEALTH ASSESSMENT CHECK-OFF SHEET

updated 5.8.18

This work sheet is for you to use in reviewing your child's forms for completion before sending the forms in.

The State of Maryland requires all forms be completed and on file BEFORE a child is admitted to school.

I. Immunization Policy Acknowledgment Form (Form 3P)

Complete the Parents section (Part I) of the Immunization Policy Acknowledgment Form and sign it. Please allow enough time for your physician to complete Part II. **The physician must enter the date of your child's last physical on the bottom of page 4 and sign and date the form. The physical must have been given within one year of the start of school (that is, after 8/18).**

A. Complete Lead Screen

B. Complete TB Screen

II. MD Department of Health and Hygiene Immunization Certificate

Verify that all immunizations are properly recorded (check dates) on the Maryland Immunization Certificate using the checklist below. Make sure the certificate is signed and dated by the physician before sending it to us.

_____ **4 DTP's (Diphtheria, Tetanus, Pertussis)** - given at least 1 month apart
(Make sure D, T and P appear on the form. If the DT vaccine is given in place of DTP, a documented medical contraindication signed by physician is required.)

_____ **3 OPV (Oral Polio)** - given at least 6 weeks apart.

_____ **HIB (Hemophilus Influenza)** - Either a one-time dose or a series of four shots given at least 6 weeks apart. The records must show that one shot was given after the child's first birthday.

_____ **Hep B (Hepatitis B)** - A series of 3 immunizations typically given in the first 6 months of infancy.

_____ **Pneumococcal (Prevna or PCV7)** - given at 4 weeks, 8 weeks, and then no further doses needed if given at 24 months of age or older. Can receive a total of 3-4 doses.

_____ **MMR (Measles, Mumps, Rubella)** – one dose given after child's first birthday (check MM and R or have noted as a contraindication.)

_____ **Varicella (chicken pox vaccine)** - one dose required (must be given after 1 year of age).

III. Emergency Information is available on TADS (you completed this during the enrollment process)

_____ This entire form must be completed and signed by a parent/guardian. Be sure to list the name and phone number of your child's pediatrician_

IV. Student Medication Authorization (Form 8)

_____ If your child requires emergency or routine (ie., advil or tylenol) medications while at school, this form must be completed and signed by the physician and parent/guardian.

V. A Parent's Guide to Regulated Child Care

_____ Please read this brochure and do not hesitate to contact us if you have questions

VI. Medical Report for Child Care

_____ If you plan to volunteer or work lunch bunch this form must be completed by your doctor.

In addition to the above forms:

If your child has allergies that may require the use of an EpiPen, you must complete the **Allergy Agreement and Action Plan – Form 6** and **Family Food Allergy Health History Form**.

If your child will require an inhaler while in school, please complete **the Inhaled Medication Authorization Form (Form 9)**.

If your child has Diabetes you must complete the **Maryland State Management of Diabetes at School/Order Form**. If your child uses an insulin pump you must complete **the Maryland State Supplemental Form for Students with Insulin Pumps**.

Please mail the attached forms as soon as possible, but no later than July 1st, to:

St. Raphael Nursery School
Health Forms
1513 Dunster Road
Rockville, MD 20854