



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
- 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) _____					
DATES GIVEN								
Dose	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							