



9801 Arlington Church Road * Mint Hill, NC 28227 * (704) 545-4589 * www.arlingtonacademy.org

IMMUNIZATION RECORD

K-2nd grade Student Medical Form. All students applying for K-2nd grade must complete and include this form when the application is submitted to the Business Office.

In addition to this form: (accepted K5 students only)

All K5 students accepted to ACA will need to provide proof of a Kindergarten physical. The physical form must be completed by your doctor and turned into the Admissions Office by the first day of school. This physical should be scheduled during the summer so that it will remain current for the student's entire Kindergarten academic year. Your doctor will provide the physical form. Your K5 student will be unable to attend this first day of school without a physical form including updated immunizations of file. **THIS PAGE IS NOT THE PHYSICAL FORM.**

Name of Student _____ DOB _____ Grade _____

Name of Parent or Guardian _____

Address _____ City _____ State _____ Zip _____

A. Medical History: (To be completed by the parent)

- 1. Is your child allergic to anything? ____Yes ____No If yes, what?

- 2. Is your child under a doctor's care? ____Yes ____No If yes, what?

- 3. Any previous hospitalizations or operations? ____Yes ____No If yes, what?

- 4. Is your child on any continuous medication? ____Yes ____No If yes, what?

- 5. Any history of diseases or recurrent illness? ____Yes ____No If yes, what are they (diabetes, convulsions, heart trouble, etc.)?

6. Does your child have any physical disabilities? ____ Yes ____ No If yes, please describe:

7. Does your child have any mental disabilities? ____ Yes ____ No If yes, describe:

8. Does your child have any neurological or sensory disorders? ____ Yes ____ No If yes, please describe:

B. Immunization Record: The health official must enter the date immunization was received in the space below or attach a copy of the immunization record.

Type of Vaccine:	#1	#2	#3	#4	#5
*DPT or DT (Circle one)					
*Polio					
**Hib					
*MMR (combined doses)					
***Measles (two doses)					
Mumps (single dose)					
Rubella (single dose)					
***Hep. B (three doses)					
Varicella					
****Tdap					
Other					

Required by State Law

**Required by State Law if born on or after 10-1-91

***Required by State Law if born on or after 7-1-94

****If your child will turn 12 between August 2011 and July 2012, the state requires proof of Tdap immunization by September 30, 2011. Please have your physician's office fax proof of this

immunization as soon as it is administered. Record of this immunization must be received no later than September 30, 2011.

Health Official's Signature/Title: _____

Date: _____ Phone: _____