

ADVANTAGE PREPARATORY SCHOOLS
Health Information

This form **MUST** be completed for school enrollment. It will become part of the student's permanent record as defined in Section 49068 of the California Education Code and shall transfer with that record. Local health departments shall have access to this record.

The Los Angeles County Department of Health Services requires that all students enrolled in either public or private schools have their immunization up to date. All students **must** have at least 3 doses of the polio vaccine, 4 or more doses of the DPT vaccine, and 1 dose each of Measles, Rubella, and Mumps (given separately or together "MMR" and the Measles must have been given **after** the first birthday). Also, if it will be the first time in California schools, a Mantoux TB test is required. All dates **must** include month, day and year.

Applicant's Name _____ Birthdate _____

A. IMMUNIZATION RECORD:

1. Poliomyelitis (TPOV) - Date (month & year) each dose was taken.
1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

2. DPT and/or Td (Diphtheria, Pertussis or Whooping Cough and Tetanus) or
(Tetanus and Diphtheria only)
1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

3. Measles (Rubeola - 10 days, red measles) Date _____

4. Rubella (German Measles - 3 day measles) Date _____

5. Mumps Date _____

6. Smallpox Date _____

7. Mantoux TB Test (PPD) - required for first time in California schools.

Date given _____ Test results _____

B. MEDICAL INFORMATION:

1. If the applicant has had any of the following conditions, please give approximate date for each:

Measles (German)_____ Diphtheria_____

Tonsillitis_____

(Rubeola)_____ Rheumatic Fever_____ Whooping Cough_____

Chicken Pox_____ Scarlet Fever_____ Apendicitis_____

Mumps_____ Small Pox_____ Other_____

2. Explain, if any of the following conditions exist:

Difficulty with hearing?_____

Hay fever or asthma?_____

Hernia (Rupture)?_____

Glandular condition?_____

Other diseases or illnesses?_____

3. Has the applicant ever had a bone fracture?_____ Explain_____

4. Has the applicant ever had any operation?_____ Explain_____

5. Is there any reason why the applicant should not take regular physical education?_____

If so, state reasons:_____

Signature_____ Date_____

(parent/guardian)

COMPLETE ONLY IF YOU ARE APPLYING FOR THIS EXEMPTION:

Exemptions (a student may be legally exempt for the following):

- a) Medical reasons: A doctor's written statement must be attached stating which type(s) of immunizations(s) to be exempted and the specific nature and probable duration of the medical conditions.
- b) Personal beliefs: Immunizations are contrary to my beliefs and I request exemption of my child, named on this form, from the immunization requirements for entry.

Signature_____ Date_____

(parent/guardian)