



Saint Dominic School 250 Old Squan Road • Brick, New Jersey 08724 -3284

Web: www.stdomschool.org

Telephone 732/840-1412

Fax 732/840-6457

Immunization Requirements

Preschool

- (4) DTaP (with one dose being given on or after the 4th birthday)
- (3) Polio (with one dose being given on or after the 4th birthday)
- (1) MMR
- (1) Varicella on or after the first birthday
- (1) HIB after the first birthday
- (1) Pneumococcal vaccine after the first birthday
- (1) Influenza one dose between September 1st and December 31st for Prk 3
- (1) Influenza one dose between September 1st and December 31st for Prk 4

Kindergarten

- (5) DtaP or at least 4 doses with one being given on or after the 4th birthday
- (4) Polio or at least 3 doses with one being given on or after the 4th birthday
- (3) Hepatitis B
- (2) MMR
- (1) Varicella

6th Grade

- (1) Tdap
- (1) Meningococcal



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Section A – Parent/Guardian:

Student Name _____ Grade _____ Date of Birth _____ Sex _____

Address _____ Phone _____

Parent/Guardian _____

In order for your child to enter St. Dominic School, a physical exam and proof of all required immunizations must be submitted to the health office by August 15th.

Parent's Signature _____ Date _____

Section B – Physician:

Physician's Examination Date _____ *Attach copy of immunization records

Disease History (include dates)

Allergies _____	Hepatitis _____	Asthma _____ +
Lyme Disease _____	Chicken Pox _____	Diabetes _____
Otitis Media _____	Mononucleosis _____	Heart Disease _____
Hepatitis _____	Eye Problems _____	Scarlet Fever _____
Tonsillitis _____	Behavior Problems _____	Strep Infections _____
Pneumonia _____	Injuries _____	Operations _____
Convulsive Disorder _____		

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Legend: N= normal X= abnormal NE= not examined

Eyes _____	Ears _____	Nose _____	Throat _____	Teeth _____
Neck _____	Lungs _____	Heart _____	Chest _____	Liver _____
Spleen _____	Spine _____	Abdomen _____	General Body Build _____	

Joint Function:

Neck _____	Shoulders _____	Elbows _____	Wrists _____	Hands _____
Hips _____	Knees _____	Ankles _____	Feet _____	Hernia _____
Neurological _____				

Operations or injuries during the past year _____

Vision: Right _____ Left _____ With glasses or without (please circle)

Hearing: Right _____ Left _____

Any problems with speech? _____

I certify that I have examined this student and find him/her physically fit to participate in all supervised activities at Saint. Dominic School.

Physician's signature _____

Physician's printed name _____

Physician's stamp _____