

Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 st Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 th grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: http://dhhs.ne.gov/Pages/reg_t173.aspx (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018

**DIOCESE OF LINCOLN
PHYSICAL EXAMINATION REQUIREMENTS**

The Lincoln Diocesan Schools shall require evidence of a physical examination by a qualified physician within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing. [cf. School Law 79-444(3) (1979)].

Each student participating in interscholastic athletics is required to have a complete physical examination to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

Name _____ School _____ Grade _____

Address _____ Age _____ Sex: M F

PHYSICAL FINDINGS

Ht: _____ Wt: _____

B/P: _____ P: _____

Vision:

w/correction

R: 20/____ L: 20/____

w/o correction

R: 20/____ L: 20/____

Laboratory:

Hemoglobin: _____

Urinalysis: _____

Other: _____

Cardiovascular _____

Lungs _____

Thyroid _____

Abdomen _____

Neurological _____

Musculoskeletal:

Neck _____

Spine _____

UE _____

LE _____

Knees _____

Feet _____

Hernia: Yes _____ No _____

Comments: _____

Required Medication: _____

Immunizations are current: Yes _____ No _____

If no, please list what is needed _____

Immunizations given: _____

Student may participate in the regular program of physical education, recreation, intramurals, athletics, or related activities without undue risk or injury.

Student may not participate in physical education, recreation, intramurals, athletics, or related activities.

Reason: _____

M.D.

Examining Physician

Date

CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS

After review of the medical history and as indicated by the above record, I herewith certify that this student has passed the physical examination successfully and is physically able to participate in interscholastic athletics.

M.D.

Examining Physician

Date