STATE REQUIRED HEALTH RECORDS 2009-2010										
	Pre-School	**Kindergarten**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Complete Certificate of Health Examination	**XX**	**XX**	X	X	X	X	X	**XX**	X	X
Dental Exam Proof or Waiver		**XX**	X	**XX**	X	X	X	**XX**	X	X
Visual Exam Proof or Waiver		**XX**	X							
All Required Doses of HIB Vaccine for Age	**XX**									
All Required Doses of DPT Vaccine for Age	**XX**	**XX**	X	X	X	X	X	X	X	X
All Required Doses of Polio Vaccine for Age	**XX**	**XX**	X	X	X	X	X	X	X	X
All Required Doses of Measles Vaccine for Age	**XX**	**XX**	X	X	X	X	X	X	X	X
All Required Doses of Mumps/Rubella Vaccine for Age		**XX**	X	X	X	X	X	X	X	X
All Required Doses of Varicella Vaccine for Age	**XX**	**XX**	X	X	X	X	X	X	X	
All Required Doses of Hepatitis B Vaccine for Age	**XX**						**XX**	X	X	X
XX indicates action required										
03/26/2009										