

HEALTH REQUIREMENTS FOR SCHOOL ENTRY

➤ *Preschool-Fifth Grade*

A CURRENT KENTUCKY* IMMUNIZATION CERTIFICATE:

- This certificate is required upon the student's ***initial*** enrollment year.
- *An out-of-state transfer student must have their immunization record transferred to a valid *Kentucky* Immunization Certificate.

PROOF OF A PHYSICAL EXAMINATION:

- This form is required upon the student's ***initial*** enrollment year.
- A physical examination should be done within one year prior to initial year of enrollment.

A KENTUCKY EYE EXAMINATION:

- This examination is required for all ***Kindergarten students*** enrolled and must be done by a licensed Ophthalmologist or Optometrist **by January 1 of the year of enrollment.**

A KENTUCKY DENTAL EXAMINATION:

- This examination is required for all ***Kindergarten students*** enrolled and must be done by a licensed Dentist or Dental Hygienist **by January 1 of the year of enrollment.**

➤ *Sixth-Eighth Grade*

A CURRENT KENTUCKY* IMMUNIZATION CERTIFICATE INCLUDING:

- This certificate is required upon the student's ***6th grade year/ initial*** enrollment into middle school.
- A tetanus-diphtheria (Tdap) booster.
- A second dose of the Varicella (chicken pox) vaccine.
- One dose of the Meningococcal vaccine.
- *An out-of-state transfer student must have their immunization record transferred to a valid *Kentucky* Immunization Certificate.

PROOF OF A PHYSICAL EXAMINATION:

- This form is required upon the student's ***6th grade year/ initial*** enrollment into middle school.
- A physical examination should be done within one year prior to entering **Sixth** grade.

TUBERCULOSIS REQUIREMENT: Proof that a Tuberculosis skin test or BAMT has been performed and read prior to enrollment is required for ***any student*** that has lived outside the U.S.A. or Canada for more than 3 months and has not previously been enrolled in a school in the U.S.A.

Please contact your health care provider to obtain these forms. Once completed, please send a copy of the forms to the school Clinic or your health care provider can fax them to **859-266-4547**. This will assist us in completing the student's health record promptly. Please contact the school if you have any questions or feel free to visit the following website address: <http://education.ky.gov/districts/SHS/Pages/Health-Forms.aspx>

Thank you in advance for your assistance and cooperation.

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