



In line with [Indiana State Department of Health School Immunization Requirements](#), please provide Midwest Academy with a copy of your child's immunization records from his or her physician.

You may check the new [MyVaxIndiana online system](#) to see if you are able to electronically access your child's immunization records. Please attach a copy of your child's immunization records to this form.

Student's Full Name	Date of Birth

Is your child up to date with his or her immunizations?	If NO, please indicate the reason below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your child is not current with his or her immunizations, your child's physician should provide a medical statement. Medical documentation may be attached. An agreed-upon catch-up immunization plan/schedule may also be included, as appropriate.

Physician Signature	Date

Physician's Printed Name:

I acknowledge that Midwest Academy reserves the right to deny admission or disenroll students who have not been immunized for reasons unsubstantiated by a physician.

Parent/Guardian Signature	Date