



The information requested on this form will be of help to the school authorities in determining the health status of your child, and in assisting the child to receive maximum benefits from education.

NAME OF CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Has your child had any of the following:**

- |                                      |                       |
|--------------------------------------|-----------------------|
| ALLERGIES _____                      | MEASLES _____         |
| OPERATIONS _____                     | SCARLET FEVER _____   |
| SERIOUS ACCIDENTS _____              | WHOOPIING COUGH _____ |
| ORTHOPEDIC CORRECTIONS (SHOES) _____ | POLIO _____           |
| CHICKEN POX _____                    |                       |

**IMMUNIZATIONS:**

MMR – DATE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

DIPHTHERIA & TETNUS – DATE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

POLIO IPV or OPV – DATE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

HEPATITIS B – DATE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

VARICELLA: \_\_\_\_\_, \_\_\_\_\_,

Is your child presently under medical treatment? \_\_\_\_\_

If so, please explain:

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The above named child has been given a routine examination and has been found free of infectious or contagious diseases.

Doctor's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_