



## Preschool Health Examination

**This exam must be completed and physician signed prior to the first day of school.**

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Vision:** \_\_\_\_\_ **Corrective Lens needed:** YES NO

**Hearing:** Right \_\_\_\_\_ Left \_\_\_\_\_

**Posture** \_\_\_\_\_ **Skin** \_\_\_\_\_ **Ears** \_\_\_\_\_

**Tonsils** \_\_\_\_\_ **Heart** \_\_\_\_\_ **Feet** \_\_\_\_\_

**Lungs** \_\_\_\_\_ **Note results if X-ray done)** \_\_\_\_\_

**Nutrition** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Teeth** \_\_\_\_\_

**Thyroid** \_\_\_\_\_ **Nervous System** \_\_\_\_\_

**PLEASE NOTE ANY OTHER MEDICAL PROBLEMS** e.g. Allergies, Asthma, Seizures, Diabetes, Heart Murmur, etc.

\_\_\_\_\_

Has the child ever been hospitalized for any serious health problems, Injury?

\_\_\_\_\_

\_\_\_\_\_

# HISTORY OF IMMUNIZATIONS AND TUBERCULIN TEST

## TUBERCULIN TEST (TB)

TYPE \_\_\_\_\_ Date Performed \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_

## DPT DIPHTHERIA, TETANUS, WHOOPING COUGH (Three of Four Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

## POLIO (POLIOMELITIS) (Three Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## MEASLES (RUBEOLA) MUMPS AND RUBELLA (MMR) (Two Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_

## HEPATITIS A (Two Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_

## HEPATITIS B (3 Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## HAEMOPHILUS B (HIB) (Three or Four Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

## VARICELLA (CHICKEN POX) (Two Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_

## PREVNAR (Three Needed)

Dates (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## INFLUENZA (One Needed) (Annually)

Date (1) \_\_\_\_\_



DATE: \_\_\_\_\_ DOCTOR'S SIGNATURE \_\_\_\_\_

DOCTOR'S SIGNATURE

**THIS EXAM MUST BE COMPLETED NO SOONER THAN 30 DAYS BEFORE START OF SCHOOL AND MUST BE TURNED IN BEFORE FIRST DAY OF SCHOOL.**

St Mary School: Phone: 440-286-3590 Fax: 440-285-2818

If the doctor states immunizations may be harmful to your child, you must send a written statement, signed by your doctor. (You object to immunizations for good cause, for example: religious conviction) You may submit a signed statement. Forms are available in the school clinic.