

UNITY PRESCHOOL

Student Health Information

Student's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Physician Information

All students attending Wallace Nursery School must have been examined by a pediatrician within 12 months of entering school. **I can accept a copy of the immunization record from the doctor's office. Please provide a copy.**

Pediatrician _____ Phone Number _____

Last Physical Examination: _____
(date)

Results:
_____ Within Normal Limit

_____ Atypical Findings: (briefly explain) _____

Immunizations

Instead of taking this form to the doctor's office for completion and doctor's signature. We can accept an up to date copy of your child's immunizations. We will attach the copy to this form.

All children attending Wallace Nursery School must be immunized according to Pennsylvania State Regulations. Please indicate the correct number of doses for each vaccination received to date.

___ doses of D.P.T.	___ doses Hib
___ doses of Polio	___ doses Pneumococcal conjugate
___ dose M.M.R.	___ doses of Hepatitis B

I have examined this student. He/She has been immunized according to state regulations **appropriate for his/her age** and is found to be in "normal" health.
Please indicate the correct number of doses per vaccine.

Physician's signature _____ Date _____

GENERAL HEALTH INFORMATION

Students Name _____ D.O.B. _____

Does the student:

Have any special physical needs?

_____ no _____ yes, please specify _____

Have any chronic illness or special medical condition?

_____ no _____ yes, please specify _____

Have any food allergy or food sensitivity? _____

List food restrictions: _____

Take medication daily? *please specify _____

* Note: The Nursery School staff is not permitted to administer medication to students. Please be sure your child receives whatever medication is necessary before coming to school.

Parent's signature _____ Date: _____