



730 Menges Mills Road Spring Grove, Pa 17362
717-225-1876 phone, 717-225-6644 fax

Student Health Form

Student's name: _____

Date of birth: _____

Immunizations	Dates Administered
Polio (OPV)	_____, _____, _____
MMR	_____
DPT	_____, _____, _____, _____
HIB	_____, _____, _____, _____
Varivax (varicella)	_____
Hepatitis B	_____, _____, _____

1. Does this child have any significant physical or emotional disabilities?

Please specify the special needs of this child while in the care of the preschool staff.

2. Does this child have dietary restrictions or food allergies? _____

If yes, please specify the foods to be avoided and the symptoms and/or degree of allergice reaction, and specific treatment in the event of accidental consumption.

PLEASE TURN OVER >>>>

3. Does this child have seasonal allergies, asthma, or other respiratory complications about which the preschool teacher should be aware of?

4. List any other precautions or limitations about which the preschool teacher should be aware. _____

5. Has this child ever been tested or recommended for specialized testing for vision, hearing, speech, or behavior? _____

6. Does this child take any medication on a routine basis? _____

If yes, please specify med(s), reason prescribed, and any other information that would be beneficial to the preschool staff.

7. Physician's comments: _____

This is to verify that the above named child is free from communicable disease and is able to participate in regular preschool activities (with exceptions noted above).

Physician's signature: _____ Date: _____