

# La Escuelita Bilingual Preschool

765 Virginia Road Davidson, NC 28036

704.896.0471 ext. 144

## HEALTH FORM

(to be completed and signed by the child's physician)

Name of child: \_\_\_\_\_

General physical condition: \_\_\_\_\_

Operations: \_\_\_\_\_

Serious Accidents: \_\_\_\_\_ Dates: \_\_\_\_\_

Serious Illness \_\_\_\_\_ Dates: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are there any usually frequent problems (ear infections, etc.)? \_\_\_\_\_

\_\_\_\_\_

Condition of teeth: \_\_\_\_\_

Is there any special medical situation of which the school should be aware (emotional, behavior, hearing, vision, muscular, etc.)?

\_\_\_\_\_

Date of last examination \_\_\_\_\_ Date of last TB test: \_\_\_\_\_

### IMMUNIZATIONS (vary by age)

DPT \_\_\_\_\_

POLIO \_\_\_\_\_

MMR \_\_\_\_\_

HIB \_\_\_\_\_

HEP B \_\_\_\_\_

VARIVAX \_\_\_\_\_

I certify that the above-named child received the listed vaccines on these dates and is up-to-date on his/her immunizations.

Date: \_\_\_\_\_ Physician's Signature \_\_\_\_\_

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

La Escuelita Bilingual Prechool requires all students to have their immunization shots up to date. We do not accept any exemptions. Please initial below stating that you understand your child must have all of their shots up to date to attend. \_\_\_\_\_ (parent initials) \_\_\_\_\_ (date)

