St. Gerard Majella
Preschool Program

2005 Dougherty Ferry Rd, Kirkwood, MO 63122
314-822-8844 ● 314-822-8588 (fax)
lgintz@sgmschool.org

CHILD'S HEALTH STATEMENT

Name of Child _____ Date of Birth _____

MEDICAL HISTORY

Measles _____ Mumps _____ Meningitis _____ Flu _____

Chicken Pox _____ Convulsions _____ Whooping Cough _____

Other Communicable Diseases _____ Allergies (Please List) _____

IS THERE ANY EVIDENCE OF:

Hearing Loss or difficulty? _____

Vision difficulties? _____

Speech difficulties? _____

LIST ANY:

Hospitalizations _____ Operations _____

Other serious illnesses: _____

NAME OF DENTIST _____

IMMUNIZATION DATES

Immunizations	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5	Dose #6
DTaP/DT						
PCV (Pneumococcal)						
IPV (Polio)						
Hib						
MMR						
HEPATITIS B						
VARICELLA (Chicken Pox)						

If immunizations are not up to date, indicate why and give a signed release form: _____

Please list any medications and drugs that are taken regularly by the child: _____

Other remarks regarding physical condition: _____

I have examined this child and verify that his/her medical history and current state of health:
_____ is or _____ is not satisfactory for participation in a preschool program.

Signature of Physician or Registered Nurse under the supervision of a Physician	Date	Physician's or Nurse's Name (Please Print)
Name of Clinic, Group Practice, Other	If Nurse is supervised by Physician, please indicate Physician name	
Address	Telephone Number	