

HEALTH REGISTRATION FORM

NAME _____ SEX _____ DATE/BIRTH _____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

Parent or Legal Guardian Name

Father:

Mother:

Guardian:

Employer:

Father:

Mother:

Guardian:

Siblings (name)

Sex

Date/Birth

Past Illness: Give if child had any of the following:

Allergies _____

Hepatitis _____

Lymes Disease _____

Scarlet Fever _____

Strep Infections _____

Mononucleosis _____

Pneumonia _____

Asthma _____

Convulsive disorders _____

Drug sensitive _____

Tonsillitis _____

Rheumatic Fever _____

Chicken Pox _____

Ear infections _____

Diabetes _____

Heart disease _____

Eye trouble _____

Behavior problems _____

Injuries _____

Operations _____

Immunizations: Dates #1

#2

#3

#4

#5

DPT/DT _____

Polio _____

MMR _____

Hib _____

Hepatitis B _____

Varicella _____

Tuberculin Test (Mantoux) _____ Chest X-Ray _____

Date _____ Result _____ Date _____ Result _____

If your child is presently receiving care for any physical condition or takes medication on a regular basis, please note:

Please feel free to contact the school nurse if you have any questions to discuss or information to share.

Date: _____ Signature/Parent _____

Signature of Physician: _____

All Pre-K & Kindergarten students MUST have a current physical to enter our PK & Kindergarten class.