HEALTH HISTORY AND APPRAISAL

Name of Child (Last, First, M.I.)	Date of Birth (Mo/Day/Yr)	Sex ☐ Male ☐ Female

PARENT OR GUARDIAN	NAME	TELEPHONE NO.
	ADDRESS	

VACCINE TYPE	DISEASE DATE	1st Dose Mo/Day/Yr.	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Mo/Day/Y
DIPHTHERIA, TETANUS, PERTUSSIS – DTP *(If DT or Td, indicate in corner box)							
POLIO ORAL POLIO VACCINE (OPV) If Salk Vaccine, indicate (IPV) in corner box							
MEASLES, MUMPS, RUBELLA (MMR)					Serology		
MEASLES					Measles	Date:	Titer:
RUBELLA					Rubella	Date:	Titer:
MUMPS					Mumps	Date:	Titer:
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date:	Titer:
VARICELLA					Varicella	Date:	Titer:
PNEUMOCOCCAL (PCV)							
INFLUENZA							
Other (*Specify*)							

☐ Provisional admission attached-Date Granted:______________ ☐ Medical exemption attached ☐ Religious exemption attached

HISTORY	YEAR		YEAR		YEAR	OPERATIONS OR INJURIES	YE
ALLERGIES		DRUG SENSITIVITIES		OTITIS MEDIA			
ASTHMA		HEART DISEASE		RHEUMATIC FEVER			
CHICKEN POX		HEPATITIS		STREP INFECTIONS			
CONGENITAL DEFECTS		LYME DISEASE		OTHER			
CONVULSIVE DIS.		MONONUCLEOSIS					
DIABETES		NEUROMUSC. DIS.					

TB Screening (Mantoux Test)	Date	Date	Date	Chest X-Ray Date	Result Normal	Abnormal	Therapy
Tested							Case ☐ Reactor ☐
Read							Date Started
Result (MM)							Completed

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Medication taken: ____________________

Hospitalization: ____________________

Chronic Illness: ____________________

Any Restrictions: ____________________

Other: ____________________

STAMP or PRINT DR. 'S NAME, ADDRESS AND PHONE NO.

SIGNATURE OF DOCTOR: ____________________ Date: __________

Since snacks such as juice, milk, crackers, etc., will be include din the program, please indicate any specific food allergies:____________________

Is there any additional information not listed on the application or forms that you feel we should know about your child? ____________________

Is there any health condition about which we should know? Please explain: ____________________