



**St. John's**  
**Early Learning Center**

"Where children develop a love of learning."

## Child Health Report

This report is to be completed and signed by a licensed physician, and returned to school.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Date of Most Recent Examination \_\_\_\_\_

Surgeries/Accidents/Illnesses/Chronic or Handicapping Issues \_\_\_\_\_

Describe any physical condition(s) requiring special attention by preschool staff \_\_\_\_\_

List any allergies, food restrictions, etc that staff should be aware of \_\_\_\_\_

Any prescribed routines \_\_\_\_\_

Any prescribed Medications \_\_\_\_\_

Based upon this child's medical history and physical condition at the time of the exam, is free from any apparent communicable disease, and is in suitable condition for enrollment in a child day care / preschool facility.

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

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

# Certificate Of Immunization

In the form below, enter month, day, and year of each immunization, or attach/send a record of immunization as provided by the child's physician.

DTP      1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Polio      1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

(The 5th DTP and the 4th Polio shot are normally administered prior to Kindergarten.)

MMR 1. \_\_\_\_\_

If administered separately:

Measels \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

HIB \_\_\_\_\_

HEP B 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Varicilla \_\_\_\_\_

This is to certify that (Child's Name) \_\_\_\_\_

has received the immunizations required by the state for admission to school.

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Physician's Signature

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Date