

# UNITY PRESCHOOL

## Student Health Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Physician Information

All students attending Unity Preschool must have been examined by a pediatrician within 12 months of entering school. I can accept a copy of the immunization record from the doctor's office. Please provide a copy.

Pediatrician \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Physician Examination \_\_\_\_\_

#### Results:

\_\_\_\_\_ Within Normal Limit

\_\_\_\_\_ Atypical Findings

(Explain) \_\_\_\_\_  
\_\_\_\_\_

### IMMUNIZATIONS

Instead of taking this form to the doctor's office for completion and a doctor's signature, We can accept an up to date copy of your child's immunization records. We will attach the copy to this form.

All children attending Unity Preschool must be immunized according to Pennsylvania State Regulations. Please indicate the correct number of doses for each vaccination received to date.

\_\_\_\_\_ doses of D.P.T    \_\_\_\_\_ doses of Polio    \_\_\_\_\_ doses M.M.R.    \_\_\_\_\_ doses Hib

\_\_\_\_\_ doses Pneumococcal conjugate    \_\_\_\_\_ doses of Hepatitis B

I have examined this student. He/She has been immunized according to state regulations appropriate for his/her age and found to be "normal" health. Please indicate the correct number of doses per vaccine.

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