

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 _____