

St. James Lutheran Preschool
229 Second Avenue, St. James, NY 11780
Phone: (631) 862-8934 Fax: (631) 862-7809
Email: meredithpreschool@stjlc.com

Health Form (Parts I and II) Information

Dear Parents,

1. Please return the one-page Health Form (Parts I and II) signed and stamped by your child's pediatrician.
2. If your child's annual physical examination is scheduled after August, then please submit your child's most recent physical examination and immunization report.
3. Health Form (Parts I and II) may either be mailed via stamp to the Preschool Office, faxed to our secure fax number, or placed in our secure RED mailbox located outside our Preschool Office doors.

If you have any questions, regarding your child's Health Form, please do contact us in the Preschool Office.

Kind regards,

Mrs. Johansson
Director

St. James Lutheran Preschool – Health Form (Parts I and II)

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..... **To be completed by PEDIATRICIAN**

Child's Name _____ Age ____ DOB _____ Today's Date: _____

PART I: IMMUNIZATIONS RECORD (fill in or attach a copy to this form)

Immunization	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)
DTaP/DPT/Tdap	#1	#2	#3	#4
Polio (IPV/OPV)	#1	#2	#3	#4
Measles, Mumps, Rubella (MMR)	#1			
Hepatitis B	#1	#2	#3	
Varicella (Chickenpox)	#1			
Haemophilus Influenza type b (Hib)	#1	#2	#3	
Pneumococcal Conjugate Vaccine (PCV)	#1	#2	#3	
Influenza	#1	#2	#3	
TB Tine	#1			
Coronavirus (vaccine <u>not</u> required to attend school)	#1	#2	#3	

PART II: PHYSICAL EXAMINATION (if needed, please attach any additional health information to this form)

Allergies: None Known Yes, please list: _____

Select One: **Child can participate without restrictions** - Child was found in general good health and is able to participate in normal physical activity.

Child can participate with restriction(s) – Child was found to have a physical and/or medical condition which requires the following restriction(s):
 Physical and/or Medical Condition(s): _____
 Restriction(s): _____

Pediatrician's Stamp:

Pediatrician's Signature

Date