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

Health and Immunization Form

Dear Parents, July 2026

1. Please return the one-page Health and Immunization Form signed and stamped by your child's pediatrician by **Wednesday, August 12th.**
2. **Please note:** If your child's annual Well Visit is scheduled for **after** August 12th, then please submit your child's most recent Well Visit Report by August 12th.
3. The Health and Immunization Form 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 and Immunization Form, please contact us in the Preschool Office.

Kind regards,

Mrs. Christie Geary
Director

Health and Immunization Form

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

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

IMMUNIZATION 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	
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 (vaccine not required to attend school)	#1	#2		
TB Tine (test not required to attend school)	#1			
Coronavirus (vaccine not required to attend school)	#1			

PHYSICAL EXAMINATION

Allergies: ☐ **None Known** ☐ **Yes, allergy to:**_____

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

☐ **Child can participate with restriction(s)** – Child has 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**