SAINT JOHN'S PRESCHOOL

St. John the Baptist RC Church
1488 North Country Road
Wading River, New York 11792
(631) 929-3220 **Fax (631) 929-6961**

HEALTH EXAMINATION & IMMUNIZATION RECORD

Student Name: _____

Address: _____

Date of Birth: _____Height:_____ Weight:_____ Age:_____

Vision Acuity R_____ L_____ Eye Defects _____

Ears (otoscopic)_____

Lymph Nodes_____ Thyroid_____

Teeth: Temporary_____ Permanent_____

Nose_____ Tonsils_____

Heart_____ Lungs_____

Hernia_____ Genitor-Urinary_____

Structural Defect_____

Feet_____ Posture_____

Skin (non-commun) _____ Epilepsy_____

Nervous System_____ Speech_____

Nutrition_____ Other_____

Medication for any chronic condition_____

_____

Restriction on play or other physical activities_____

_____

Date of Examination_____ Physician's Signature_____

Please complete Immunization Record on reverse side.

Revised 1/12/16

Immunizations

DPT: Date _____ Date_____ Date _____

Date _____ Date_____

Polio: Date _____ Date _____ Date _____

Date _____

M/M/R: Date _____

HIB: Date _____ Date _____ Date _____

Date _____

Hep. B: Date _____ Date _____ Date _____

Varicella: Date _____

PCV: Date _____ Date _____ Date _____

Date _____

Other: Date _____

Physician's Signature/Stamp

_____