

St. Michael Preschool
 804 High House Road
 Cary, North Carolina 27513
 919-468-6110

HEALTH AND IMMUNIZATION REPORT

This form MUST be signed by a physician and on file in the preschool office before a child will be permitted to attend preschool.

1. Child's Name _____
2. Birthdate: _____
3. General Health: (Please include details on reverse side)

4. Sensitivity/Restrictions: _____

5. Immunizations:

Vaccine	Date	Date	Date	Date	Date
DPT/Tetanus					
Polio					xxx
HIB					xxx
HeP B				xxx	xxx
MMR			xxx	xxx	xxx
Combine Pox					
Other					

6. Diseases that this child has had (please include dates): _____

7. Allergies, if any: _____

Do the above allergies require an EpiPen?

8. Date of last physical exam: _____

9. Other notes or conditions of which the school should be aware?

Physician's Name: _____

Physician's Signature: _____

Date: _____