

PRE-KINDERGARTEN HEALTH FORM

Child's Name _____ **Date of birth** _____
Address _____
Physician _____
(name) (address) (phone)
Dentist _____
(name) (address) (phone)

MEDICAL HISTORY

- 1. Allergies(and or special diet) _____

- 2. Medication (taken on a regular basis) _____

- 3. Chronic Physical problems _____

- 4. History of hospitalization _____

- 5. Childhood diseases(i.e. chicken pox) _____

Completed by _____

IMMUNIZATIONS (COMPLETE DATES) at least 4DPT, 3 POLIO, 1MMR, 4HIB, 3HepB, 1 Varicella

DPT *1. _____ *2. _____ *3. _____ *4. _____ 5. _____
POLIO *1. _____ *2. _____ *3. _____ 4. _____ 5 _____
MMR combined *1. _____ 2. _____
HIB *1. _____ *2. _____ *3. _____ *4. _____
HEPATITIS B *1. _____ *2. _____ *3. _____
INFLUENZA VACCINE *1. _____
VARICELLA(chicken pox) _____
OTHER _____

This is to certify that _____ has been seen in our office, is free from
apparent communicable disease and is in suitable condition to attend a preschool program.
The above immunizations are accurate and correct.

Date of Exam _____

Physician office stamp

Physicians Signature _____



Cardinal Stritch

Catholic High School & Academy

Dear Parents of Pre-Kindergarten Students,

For the health and safety of all our children, especially those entering school for the first time, we have some special health requirements. Your child must see a physician and have the enclosed form completed and signed on or before the first day of school. Children must be in compliance with Ohio school law regarding immunizations. This includes:

- 4 DPT
- 3 Oral Polio
- 1 MMR after the child's first birthday
- 4 HIB before starting preschool
- 3 Hepatitis B (3 shot series takes approximately 4-6 months to complete)
- 1 Varicella (chickenpox)
- 1 Influenza Vaccine

The immunization form must be complete including a day, month, and year verified by a physician signature on the health form. This form must be on file within 15 days of your child starting school. We are also required to have the name, address, and phone numbers of your family physician and dentist on file. **Ohio law also states this form is only good for one year. Therefore, I would encourage you to wait and schedule your child's preschool doctor visit after June 1st. Otherwise a second check-up would be required for them to finish the school year.** Please understand that this pre-kindergarten physical does not take the place of a full kindergarten physical for next year. We also encourage your child to see a dentist and begin a routine of healthy dental prevention. If you have good vision insurance, the American Academy of Pediatrics, suggests that all children by the age of three see an optometrist for a vision exam.

Sincerely,

Mrs. Sandra Miner, Director
St. Kateri Catholic Academy Early Childhood Education



Cardinal Stritch

Catholic High School & Academy