St. Paul's Lutheran Pre-Kindergarten

S66 W14325 Janesville Road ~ **MUSKEGO, WISCONSIN 53150**
(414) 422-0320 FAX (414) 422-1711 ~ www.stpmuskego.org

MEDICAL FORM

Child's Name_____
Birth Date _____

General Health _____
Eyes _____
Ears _____
List any allergies: _____

Is child being treated for a chronic or pre-existing condition? _____
If yes, explain _____

Is child taking any medication on a regular basis? _____
If so, what? _____

Has child had any communicable disease? _____
If so, what? _____ **When?** _____

Has child had any history of convulsions? _____
When?_____ **Explain**_____

Is child subject to any dietary regulations? _____
If yes, what are they? _____

Has child had any major surgery? _____
If yes, what?_____**When?**_____

Does child have any physical reason for not participating in normal school activities or outdoor play? _____
If so, what are the restrictions?_____

Additional information school should be aware of:
_____

_____

Parent signature_____ **Date** _____

Physician signature_____**Date**_____

PLEASE COMPLETE IMMUNIZATION HISTORY ON THE BACKSIDE OF THIS FORM. **OVER**

IMMUNIZATION RECORD

Type of Vaccine	First Dose Date	Second Dose Date	Third Dose Date	Fourth Dose Date	Fifth Dose Date
DPT					
Polio					
MMR					
Hep B					
Varicella					

WAIVERS

☐ For health reasons this student should not receive the following immunizations:

LIST VACCINE(S) WAIVED

_____ _____

SIGNATURE – Physician Date Signed

☐ For religious reasons this student should not be immunized.

☐ For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED

_____ _____

SIGNATURE – Parent/Guardian Date Signed