

**Health and Immunization Record**

2017-2018

St. Peter's Lutheran Preschool  
7710 E. State Blvd.  
Fort Wayne, IN 46815  
PHONE: 260-748-0775 FAX: 260-749-0472  
[preschool@stpetersfw.org](mailto:preschool@stpetersfw.org)

Name of child \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Current Medications: (list name, dosage, and time) \_\_\_\_\_

**Immunization Record:**

Diphtheria-Tetanus-Pertussis (4) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

MMR (1) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Or

Measles (Rubella) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Mumps Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Rubella (3 day or German measles) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

OPV/ IPV (Polio) (4) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

HIB (Haemophilus influenzae type b) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Hepatitis B (HB) (4) Date \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

Hepatitis A Date \_\_\_\_\_, \_\_\_\_\_

Varicella (2) Date \_\_\_\_\_

My child has had chicken pox. Date \_\_\_\_\_ (documentation from doctor)

Rotavirus Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Allergies \_\_\_\_\_

Special instructions regarding health/ physical ability of this child \_\_\_\_\_

Is this child capable of participating in a full preschool program? \_\_\_\_yes \_\_\_\_ no (please explain)

\_\_\_\_\_  
Physician's printed name or stamp

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

This form should be filled out by the family physician and returned to our school before your child may attend. If you have a copy of your child's health records from a private agency (ex. Public Health Department) or out of state office, please attach a copy to this form.

SCHOOL OFFICE USE: Renweb date: \_\_\_\_\_  
Input by: \_\_\_\_\_