St. James Lutheran Preschool

229 Second Avenue, St. James, NY 11780
Phone: (631) 862-8934   Fax: (631) 862-7809
Email: meredithpreschool@stjlc.com

Health Form Part I and II Information

Dear Parents,   July 2021

1. Please return your child's completed and signed (by your child's physician) **Health Form Part I** and **II** by **Wednesday, August 18th.**

2. If your child's <u>next</u> physical examination is scheduled for <u>after</u> August 18th, then please do the following:

   ✓ Submit a copy of your child's <u>most recent</u> (last year's) physical examination report and immunization record to the Preschool by August 18th. Then, use the enclosed Health Form Part I and II for your child's next scheduled physical examination.

3. Health Form Part I and II may either be mailed via stamp to the Preschool Office, faxed to our secure fax, or placed in our secure RED mailbox located outside our Preschool Office doors.

If you have any questions, regarding your child's Health Form Part I or II, please do not hesitate to contact the Preschool Office.

Kind regards,

Mrs. Johansson
Director

St. James Lutheran Preschool – Health Form Part I and II

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.... To be completed by PEDIATRICIAN ....

Child's Name _____ Age ____   DOB_____ Today's Date: _____

PART I: IMMUNIZATIONS RECORD (fill in or attach a copy to this form)

Immunization	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)	Date (m/d/y)
DTaP/DPT/Tdap	#1	#2	#3	#4
Polio (IPV/OPV)	#1	#2	#3	#4
Measles, Mumps, Rubella (MMR)	#1			
Hepatitis B	#1	#2	#3	
Varicella (Chickenpox)	#1			
Haemophilus Influenza type b (Hib)	#1	#2	#3	
Pneumococcal Conjugate Vaccine (PCV)	#1	#2	#3	
Influenza	#1	#2	#3	
TB Tine	#1			

PART II: PHYSICAL EXAMINATION (if needed, please attach any additional health information to to this form)

Allergies: ☐ **None Known**   ☐ **Yes, please list:** _____

Select One: ☐ **Child can participate <u>without restrictions</u>** - Child was found in general good health and is able to participate in normal physical activity.

☐ **Child can participate <u>with restriction(s)</u>** – Child was found to have a physical and/or medical condition which requires the following restriction(s):
Physical and/or Medical Condition(s):_____
Restriction(s): _____

Pediatrician's Stamp:

_____   _____
Pediatrician's Signature   Date