

# THE SAN ANTONIO COUNTRY DAY SCHOOL

## MONTESSORI

### HEALTH FORM

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PARENTS' NAMES \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

#### I. TESTS AND IMMUNIZATIONS

	Date	Result
Tuberculin Skin or Chest X-Ray		
Other		

#### II. IMMUNIZATION SCHEDULE

	# of Doses	Mo-Day-Yr. Of Each Dose	Booster
Rubella			
Measles			
Mumps			
DTP			
Polio			
HIB			
Chicken Pox			
Hepatitis A			
Hepatitis B			

Date and Result of Vision Screening (for ages 4 and older) \_\_\_\_\_

Date and Result of Hearing Screening (for ages 4 and older) \_\_\_\_\_

List Allergies and Antidotes \_\_\_\_\_

#### III. FINDINGS AND RECOMMENDATIONS

A. Findings: Examination revealed the following significant physical and emotional conditions:

\_\_\_\_\_

\_\_\_\_\_

B. Recommendations: The above individual was found to be free of communicable disease and otherwise physically and emotionally fit to attend and to participate in the activities appropriate to this age child. If not, why?

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_