

ST. CHRISTOPHER'S EPISCOPAL PRESCHOOL

2800 TRIMMIER ROAD - KILLEEN, TX 76542

254-526-8380

STUDENT HEALTH RECORD

NAME: _____

DOB: _____

MEDICAL HISTORY:

Measles _____ Mumps _____ Chicken Pox _____ Influenza _____ Meningitis _____

Whooping Cough _____ Convulsions _____

All children who turn 4 by September 1st must have hearing and vision screening performed by medical staff. PLEASE LIST SCREENING RESULTS BELOW!

Hearing screen results? _____ Vision screen results? _____

Speech difficulties? _____

LIST ANY:

Hospitalizations _____ Operations _____

Other serious illnesses _____

ANY allergies to food or medications? (please list): _____

THIS SECTION TO BE COMPLETED AND SIGNED BY PHYSICIAN

IMMUNIZATIONS:

(A COPY OF UP-TO-DATE SHOT RECORDS IS REQUIRED BY THE STATE OF TEXAS)

Are all immunizations up-to-date? _____ YES _____ NO

If NO, indicate reason: _____

Is the child free from communicable disease? _____ YES _____ NO

LIST ANY MEDICATION AND/OR DRUGS TAKEN REGULARLY BY THE CHILD: _____

Other remarks regarding physical condition: _____

The above information is correct as of _____

SIGNATURE OF PHYSICIAN: _____

ADDRESS: _____

PHONE #: _____