ST. JOHN'S LUTHERAN NURSERY SCHOOL
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MEDICAL FORM

CHILD'S NAME____

BIRTHDATE______________ HEIGHT______________ WEIGHT______________

EYES___________________ EARS________________ NOSE________________

THROAT________________ HEART______________ LUNGS_______________

DPT (dates)____

POLIO (dates)____

RUBELLA (dates)____

MEASLES (dates)____

MUMPS (date)____

TUBERCULIN (date)____

HEPATITIS B (date)_______________________________________

HIB (date)____

VARICELLA (born on or after 1/1/2000______________________________

ALLERGIES____
____

SPECIAL REMARKS____

DOCTOR'S SIGNATURE___________________________________ DATE_________
ADDRESS____PHONE______________

THIS MEDICAL FORM MUST BE COMPLETED AND SIGNED BY YOUR DOCTOR BEFORE YOUR CHILD CAN ENTER NURSERY SCHOOL IN SEPTEMBER. PLEASE RETURN TO THE OFFICE **NO LATER THAN *AUGUST 1ST*.**