

Oak Hills Church Preschool
(210) 698-4680
MEDICAL INFORMATION FORM

Child's Name _____ Age _____ Birth Date _____
 Address _____ Zip Code _____
 Parent(s)/Guardian _____ Emergency Phone _____

TO BE COMPLETED BY PHYSICIAN

IMMUNIZATION HISTORY: Texas Law (H. B. 106) requires that all children admitted to child care institutions shall be immunized against the following diseases: Rubella, Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Rubeola and Mumps. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible. This child has had the following immunizations:

	Date of: 1 st dose	Date of: 2 nd dose	Date of: 3 rd dose	Date of: 4 th dose	Date of: 5 th dose (booster at 4)
DTaP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	XXXXXXXXXX
MMR	_____	_____	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Hep B	_____	_____	_____	XXXXXXXXXX	XXXXXXXXXX
Hib	_____	_____	_____	_____	XXXXXXXXXX
Varicella	_____	Must have vaccine or proof of chicken pox.			
Hep A	_____	_____	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

ALLERGIES:

Penicillin _____ Asthma/Hay Fever _____
 Food Allergies _____ Other _____

LIMITATIONS: (Activities child should not engage in)

Field Trips _____ Outdoor Sports/Games _____
 Other Limitations _____

CHILD SHOULD WEAR:

Hearing Aid _____ Glasses _____

This child was examined by me on _____ and found to be free of all contagious and transmissible diseases and is physically able to, with exceptions noted, participate in the school program.

Physician's Signature _____ Phone _____

Physician's Address _____ Zip Code _____

Hospital _____

**Please return to Preschool Director,
Kendra Kunkel, no later than Sept. 1.**