

St. Mark's Lutheran School, 5849 Buckwheat Rd. Milford, Ohio 45150
Phone: 513-575-3354 Fax: 513-575-2472

Child's Medical Statement

Student's Name _____

Class _____ Birthday _____

Parent's Name _____

Please complete the identifying information and records or have your child's doctor fax the child's medical history to the school.

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

Hepatitis B 1 _____ 2 _____ 3 _____

MMR (measles, mumps, rubella) 1 _____ 2 _____

Varicella 1 _____

Other _____

The 5th DPT and 4th polio are normally administered just prior to kindergarten

Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

List any limitations or health conditions _____

Date of exam _____

Physician's Name _____

Address _____

Phone number _____

Physician's Signature _____