

PRESCHOOL HEALTH RECORD

Emmanuel Lutheran Early Childhood Ministry
 917 West Jefferson Boulevard - Fort Wayne, Indiana 46802-4007
 (260) 423-1369 Fax # 426-6147

Date _____

This report is to be completed by a Licensed Physician, Physician's Assistant or Nurse Practitioner who has seen the child within the last **3** months. We need this form returned **BEFORE** your child's first day of attendance.

Child's Name _____ Sex _____

Birth Date _____

HISTORY OF VACCINES

To be considered adequately protected, a child of age 18 months or older should have received:

- at least four DTaP vaccines
- Varicella (Chicken Pox) vaccine (Mandatory)
- at least three Polio vaccines
- Hepatitis B
- vaccines against Measles, Mumps and Rubella

It is also recommended that children under the age of five years receive the:

- HIB (Haemophilus Influenzae) vaccine
- RGE (Rotavirus) vaccine

Vaccines	Month/Year Given	Month/Year Given	Month/Year Given	Month/Year Given	Month/Year Given
	1	2	3	4	5
DTaP	_____	_____	_____	_____	_____
IPV (Polio)	1	2	3	4	5
HBV (HEP B)	1	2	3	4	5
MMR (Measles, Mumps, Rubella)	1	2	3	4	5
Varicella (Chicken Pox)	1	2	3	4	5
HIB	1	2	3	4	5
PCV (Prevnar)	1	2	3	4	5
HEP A	1	2	3	4	5
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Preschool Health / Vaccine Record
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Child's Name _____

This child _____ IS _____ IS NOT physically or emotionally able to participate in the preschool / daycare program named above.

Comments: _____

Surgery / accidents / illness / chronic or physical disabilities: _____

Describe any physical condition requiring special attention by staff: _____

Medication(s) prescribed: _____

Allergies (Food and/or Medication) that staff should be aware of: _____

Prescribed routine for allergy treatment: _____

Date of my most recent examination of child: _____

X

Signature of Licensed Physician, Physician's Assistant or Nurse Practitioner _____ **Date** _____

Printed name of Physician, Physician's Assistant or Nurse Practitioner _____ **Phone Number** _____

Address _____