

**FAIRLAWN PRESCHOOL**  
**A Discovery Center for Young Children**  
**Health Form**

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Serious illness, accidents or operations to date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All known allergies: \_\_\_\_\_  
\_\_\_\_\_

Treatment: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_  
\_\_\_\_\_

**Immunization Record**

**Please give date of immunization – required before school entry**

DPT            #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Polio            #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

HIB            #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

MMR            #1 \_\_\_\_\_

Hepatitis B    #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Additional notes and/or instructions that the preschool should be aware of:

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please print name of physician**