

ASSUMPTION BVM PRESCHOOL
4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015
610-867-7424 - ASSUMPTIONPRESCHOOL.ORG

Full Name of Child: _____ **Date:** _____
Last First Middle

Birth date: _____ **Gender:** _____

Address: _____

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day and Year each immunization was administered				
	DOSES			BOOSTERS & DATES	
Diphtheria & Tetanus*	1.	2.	3.	4.	5.
Polio	1.	2.	3.	4.	5.
Measles, Mumps, Rubella	1.	2.			
Hepatitis B	1.	2.		3.	
HIB	1.	2.		3.	
Chicken Pox					
Other					

*Tetanus and Diphtheria are usually received in combined vaccines such as DPT, DT or Td

Medical Exemption *The physical condition of the above named child is such that immunization would endanger life or health.*

Religious Exemption *Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian*

Significant Medical Conditions (please check off)	YES		NO		If YES, Explain
Allergies					
Asthma					
Cardiac					
Coordination Difficulties (i.e. stumbling, falling)					
Diabetes					
Gastrointestinal Disorder					
Hearing Disorder					