

ST. STEPHEN'S EPISCOPAL PRESCHOOL
82 KIMBERLY DRIVE
DURHAM, N.C. 27707
(919) 489-6789

HEALTH FORM

DATE: _____

CHILD: _____ DOB: _____
 First Middle Last

ADDRESS: _____

PARENTS: _____

IMMUNIZATIONS: SERIES BOOSTER

DPT _____

POLIO _____

MMR _____

HIB _____

HBV _____

VARIVAX _____

GENERAL PHYSICAL HEALTH: _____

DEVELOPMENTAL DELAYS/ISSUES: _____

LIMITATIONS/RESTRICTIONS: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

COMMENTS: _____

_____, M.D.

This form must be on file in the preschool office in order for your child to attend school.

