

Southland Christian Preschool
Pre-Admission Health Examination

_____ requires a health exam for enrollment at Southland Christian Preschool.
Child's name _____

GENERAL HEALTH

Overall description of this child's health: _____

Physical conditions requiring special attention (including special dietary restrictions and allergies):

Vision screening results: _____ Audiometric screening results: _____

IMMUNIZATIONS

Immunizations and doses listed are required for admission. Immunizations must be listed on this form.

Varicella (Chickenpox) _____

Poliomyelitis (Either TOPV or IPV series)				
<u>TOPV</u>	<u>IPV</u>	<u>DPT</u>	Rubella	<u>Hib</u>
#1 _____	#1 _____	#1 _____	Rubella _____	#1 _____
#2 _____	#2 _____	#2 _____	Mumps _____	#2 _____
#3 _____	#3 _____	#3 _____	Hep B #1 _____	#3 _____
#4 _____	#4 _____	#4 _____	Hep B #2 _____	#4 _____
	#5 _____	#5 _____	Hep B #3 _____	

If the 3rd dose of TOPV was administered before the age of 2 years, an additional dose is required.
If the 4th dose of IPV was administered before the age of 2 years, an additional dose is required.
If TOPV and IPV doses were combined, then 4 doses are required. One additional dose is required if the 4th dose was administered before the age of 2 years.

TUBERCULOSIS TEST

The only TB tests currently accepted are a MANTOUX or a chest x-ray.

Type _____ Date given _____ Date read _____ Results _____

OTHER

I verify that I have examined this child and find him/her in good physical health with no relevant conditions that would keep him/her from full-time enrollment at Southland Christian Preschool.

Health Examiner's signature

Medical office

Date