

# Saint Raphael Preschool

5801 Falls of the Neuse Road, Raleigh, NC 27609

Fax: (919) 865-5701

## HEALTH AND IMMUNIZATION REPORT

I authorize my child's physician to release the medical information requested below to St. Raphael Preschool.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*required*

*This form must be signed by the child's physician and returned to the Preschool Office before the child is permitted to attend school.*

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Health History and Medical Information: *(Please include any medical information that is important to safeguard this child's health during normal preschool activities or in a medical emergency.)*

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Allergies (list all including latex):  None      Daily Medications:  None

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Health Restrictions:  None      Special Health Needs:  None

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Immunizations:

	Date	Date	Date	Date	Date
Hep B	#1	#2	#3		
DTP/DTaP	#1	#2	#3	#4	#5
Hib	#1	#2	#3	#4	
IPV	#1	#2	#3	#4	
PCV	#1	#2	#3	#4	
MMR	#1	#2			
Varicella	#1	#2			

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Ph #** \_\_\_\_\_  
*required*