UOS
GOLDBERG MONTESSORI SCHOOL
4610 Bellaire Blvd.
Bellaire, Texas 77401-3599
713-723-3856 – phone 713-283-1764 - fax
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MEDICAL RECORD

School Year 2017-2018

Please print:

Child's Name ________________________________Date of birth _________ Age ___________

Parent's Name ________________________Physician's Name ____________________________

All items below the line are to be completely filled in by physician (Month, Day, and Year).
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DATES OF IMMUNIZATION

	1ST DOSE	2ND DOSE	3RD DOSE	BOOSTER	ADDITIONAL
DPT/Td					
Polio					
Measles					
Mumps					
Rubella					
HibCV					
Varicella *					
PCV 7 **					
Hepatitis A					

* This is to verify that ____________ had varicella disease (chickenpox) on or about _________ and does not need the varicella vaccine.

TB Test Date__________ Results______________

MANDATORY if child is older than 4 years of age
Vision Screening: left eye _________________ right eye_________________
Hearing: left ear _______________ right ear _________________

Allergies____________________________ Regular Medication_____________________________

MANDATORY WELL HEALTH STATEMENT (SIGNATURE REQUIRED BY TEXAS STATE LAW):

This is to certify that I have examined the above named individual and found him/her to be in good health and able to attend school, as well as participate in age appropriate physical activities.

Physician's signature ____ Date ____________