



Medical History Form

The City of Dallas Health Department, which inspects our school periodically, requires that a Health Form be on file in the school for each student, the form to include a physician's statement, signed, dated and renewed annually, certifying that the child is free of infectious and contagious diseases, and indicating that he/she is physically and mentally able to participate in group activities. In addition, the required immunizations are to be dated, and, of course, the records are to be kept current.

The form must be returned to the school before the child can be admitted.

I certify that _____ is free of infectious and contagious diseases, and is physically and mentally able to participate in group activities.

Date Signature of Physician

Child's Name: _____ Birth Date: _____ Sex: _____

Immunization Record

DPT: _____ Boosters: _____

Polio: _____ Boosters: _____

Measles (Rubeola): _____ Gen. Measles (Rubella): _____

Mumps: _____ HIB: _____

Other: _____

Hearing: _____ Vision: _____ Scoliosis: _____

Has this child been hospitalized, or had a serious illness, in the past twelve (12) months?

If so, please explain:

