HEALTH RECORD
MONTVILLE PUBLIC SCHOOLS
MONTVILLE, CONNECTICUT

REQUIREMENTS: Health Record (To be completed by parents). Up to date immunizations and Physical done within a year of the start of school

SCHOOL ______________________ GRADE ____ TEACHER ______________________ SEX ________

CHILD'S NAME ______________________________ DATE OF REGISTRATION ________________

DATE OF BIRTH ______________________________ TELEPHONE NO. ____________________

PARENT OR GUARDIAN (First and Last Names) ______________________________________

ADDRESS ____

FAMILY PHYSICIAN ____________________________ TELEPHONE NO. ____________________

WHICH OF THE FOLLOWING APPLY TO THIS PUPIL? (Please indicate year)

______ Rheumatic Fever	______ Cerebral Palsy	______ Pneumonia
______ Allergies	______ Urinary Problems	______ Poliomyelitis
______ German Measles	______ Mumps	______ Contact with TB
______ Operations	______ Whooping Cough	______ Chicken Pox
______ Tonsillitis	______ Scarlet Fever	______ Frequent Colds or Sore Throats
______ Speech Problem	______ Cardiac Condition	______ Serious Illnesses or Accidents
______ Diabetes	______ Hearing Loss	______ Epilepsy: Type ___________
______ Vision Problem	______ Asthma	

IS YOUR CHILD ABLE TO PARTICIPATE FULLY IN ALL SCHOOL PHYSICAL ACTIVITIES? ________________

SIGNATURE OF PARENT/GUARDIAN ____

CHILD TRANSFERRED FROM (School, City, & State) __________________________________

OFFICE USE ONLY Immunizations verified by ______________________________

Birth Certificate verified by ______________________________

Physical verified by______________________________Date:__________

IMMUNIZATION RECORD – **FOR OFFICE USE ONLY**

DTaP: 1. ________ 2. ________ 3. ________ 4. ________ 5. ________	TdaP: ____________
POLIO: 1. ________ 2. ________ 3. ________ 4. ________	Meningococcal: ____________
MMR: 1. __________ 2. __________	VARICELLA VACCINE: **1.** __________ **2.** __________
HIB VACCINE: 1. ________ 2. ________ 3. ________ 4. ________	HEP A: 1.________ 2.________
HEB B: 1. ____________ 2. ________ 3. ________	PCV: 1. __________ 2. __________ 3. __________ 4. __________
OTHER: 1.________ 2.________ 3.________	

Revised: 9/25/00
3/21/00
11/15/11