

**St. Mark's Preschool & Kindergarten**

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**Health History and Physical Examination**

**St. Mark's is required to have a current physical examination and an immunization record on file.**

Please provide a copy of your child's most recent physical examination record **or** this *Health History and Physical Examination* form, completed and signed by a health care provider. Forms may be faxed, emailed, or handed in to the School Office.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**FOR PHYSICIAN TO COMPLETE Physical Examination**

Weight _____	Heart _____	Allergies _____
Height _____	B/P _____	Lungs _____
Eyes _____	Abdomen _____	Feet _____
Ears _____	Nutrition _____	Hernia _____
Nose _____	Skin _____	Posture _____
Throat _____	Glands _____	Curvature _____
Teeth _____	Vision R _____ L _____	Nervous System _____
Tonsils _____	Audio R _____ L _____	Urine _____

Skin Tests: Type, Date Results \_\_\_\_\_

**Medical-Surgical History** *Please give date of onset where possible*

Chicken Pox _____	Mumps _____	Whooping Cough _____
3-D Measles _____	Valley Fever _____	Tuberculosis _____
Reg. Measles _____	Inf. Hepatitis _____	Rh. Fever _____
Diabetes _____	Convulsive Disorder _____	

Parasitic Infections \_\_\_\_\_

Other Chronic or Long Term Illnesses \_\_\_\_\_

Surgical Procedures \_\_\_\_\_

On Restricted Activity? (if yes explain) \_\_\_\_\_

Special Recommendations \_\_\_\_\_

Is child allergic to food or other substances? Please name and procedure to follow if reaction occurs \_\_\_\_\_

Is child unusually susceptible to infections? If so what precautions need to be taken? \_\_\_\_\_

Is child subject to convulsions? What should be our procedure if one occurs? \_\_\_\_\_

◆◆◆Please provide an Immunization Record or Exemption Form. ◆◆◆

\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**