

Timothy Lutheran School
Medical Information

(For all new students or returning students with changes
in health conditions in the last 12 months)

Student's name _____ Birthdate _____

Immunization History

III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT						
_____ Polio						
_____ Hib						
_____ MMR						
_____ Hepatitis B						
_____ Varivax						

List all allergies:

Special medical/mental health conditions:

List all special medication:

List all restrictions/limitations:

This certifies that this child is, to my knowledge, in good health and free of conditions that would endanger him/her or other children in a Timothy School program.

Signature of physician or health care facility

Date