ST. PAUL THE APOSTLE CATHOLIC SCHOOL
61 Moss Road, Westerville, Ohio 43082 Phone: 614-882-2710 Fax: 614-882-5998

HEALTH RECORD

A.C.E. Phone 614-882-2326

NAME OF CHILD: _____ DATE OF BIRTH: _____

1. List all allergies and any special precautions and treatment indicated for these allergies (e.g., foods, medications, or environmental allergies):

   _____

   _____

   _____

2. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:

   _____

   _____

   _____

3. List any chronic physical problems and any history of hospitalization:

   _____

   _____

   _____

4. List any diseases the child has had:

   _____

   _____

   _____

IMMUNIZATION RECORD. Enter month/day/year of each immunization.

DTP: 1. ___/___/_____ 2. ___/___/_____ 3. ___/___/_____ 4. ___/___/_____ * 5. ___/___/_____

POLIO: 1. ___/___/_____ 2. ___/___/_____ 3. ___/___/_____ * 4. ___/___/_____

Measles, Mumps, Rubella – usually combined as MMR: ___/___/_____

If separate – Measles: ___/___/_____ Mumps: ___/___/_____ Rubella: ___/___/_____

* The 5th DTP and 4th Polio immunizations are normally administered just prior to kindergarten.

Signature: _____Date:_____
Parent, Custodian, or Guardian