

ST. JOHN CHRISTIAN PRESCHOOL
PHYSICAL FORM

Physical should not be given before May 1.
Physical must be returned on or before the first day of school.

Name _____ Sex _____
Last First Middle

Present Date _____ Birth Date _____

Family Doctor _____
Name City Phone

Health History

Present Health Status

Allergies? _____

Medications? _____

Acute/Chronic conditions? _____

Recommendations for continued care (if necessary) _____

Signature of attending physician

IMPORTANT – An immunization card with the **physician or health official's signature, child's birthdate, parent's name, address, phone number and immunization dates and source** must also be returned on or before the first day of school. The Iowa State Department of Health is switching from the 3x5 card to an 8½x11 card. The 3x5 card will still be accepted and not have to be redone if that is what you have now. When filling in the "source" column, we **must** have the **full name of the institution**
Example: Floyd County Memorial Hospital (**not** FCMH).