



PUPIL HEALTH RECORD (KINDERGARTEN)

All children entering Kindergarten must submit this form
To be completed by the child's physician.

Pupil's Name _____ Parent or Guardian _____

Address _____ City _____ Zip _____

Phone: (Work) _____ (Home) _____

School _____ Grade _____ Date of Birth _____ Age _____

Illness Record: Chickenpox Asthma Diabetes Seizures Chronic Ear Infections
Other _____

Immunizations: Dates (Month, Day, and Year)

DPT/DTAP	ORAL POLIO/IPV	MMR#1	#2	
1.		MUMPS		
2.		SICKLE CELL		
3.		HIB		
4.		LEAD		
5.		HEPB#1	#2	#3
		VARICELLA#1	#2	

Height _____ Weight _____

Test: Tuberculosis-Type _____ Date/Results: _____
Sickle Cell Anemia _____
Urinalysis _____ Sugar _____ Alb. _____

CODES FOR THIS SECTION: O = Normal XX = Needs Medical Attention; OO - Corrected

Vision: Unassisted	R _____ L _____	Nose	_____	Heart: Normal	_____
Assisted	R _____ L _____	Tonsils	_____	Blood Pressure	_____
Ears	R _____ L _____	Glands of Neck	_____	Musculo-Skeletal System:	
Hearing	R _____ L _____	Thyroid	_____	Normal	_____
Skin and Scalp	_____	Abdomen	_____	Type of Defect	_____
Teeth	_____	Lungs	_____	State of Nutrition	_____

This pupil (should should not) participate in Physical Education.

Routine Medications: _____

Remarks: _____

Signed: _____, M.D. Date: _____

Address: _____

Phone: _____

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Our Mission:

Liberty Christian School is a Christ-centered community where students receive an excellent education based on biblical truth.