



CONCORDIA LUTHERAN SCHOOL

PRESCHOOL • ELEMENTARY SCHOOL • MIDDLE SCHOOL
A Ministry of Concordia Lutheran Church

Preschool Health and Immunization Information

All students must have an immunization record in the school office before the first day of school.

Please send in your child's record even if it is incomplete. If your child's record is not complete please include an anticipated schedule for completion. Your child may NOT attend school without an immunization record or written medical or religious exemption.

CHILD'S NAME _____ DATE OF BIRTH ___/___/___
 Last First
 ADDRESS _____ PHONE NUMBER _____
 NAME OF PARENT/GUARDIAN _____

Medical History

	Yes	No	Date		Yes	No		Yes	No
Chicken Pox				Allergies			Handicaps		
Measles				Asthma			Behavior Problems		
Mumps				Deformities			Trouble With:		
Whooping Cough				Diabetes			·Eyes		
Polio				Hepatitis			·Ears		
Rheumatic Fever				Epilepsy			·Throat		
Other:				Hernia			·Heart		
				Skin Ailments			·Stomach		
				Dental Problems					

If "Yes" please describe: _____

Parent/Guardian Signature: _____ Date: _____

IMMUNIZATIONS *must be completed by physician or nurse

Type:	Dates:	First	Second	Third	Fourth	Fifth
DIPHTHERIA-TETANUS-PERTUSSIS (DPT, DT or DTaP)						
POLIO (OPV or IPV)						X
MEASLES-MUMPS-RUBELLA (MMR)				X	X	X
HEPATITIS A				X	X	X
HEPATITIS B					X	X
Varicella/Chicken Pox-2 Doses or History of Illness				X	X	X

PHYSICIAN SIGNATURE _____ DATE _____

ENGAGING HEARTS AND MINDS

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