GROSS SCHECHTER DAY SCHOOL
27601 Fairmount Blvd. | Pepper Pike OH 44124-4614
216-763-1400 | 216-763-1106 fax | www.grossschechter.org

Last Name	First Name	Social Security #		Date Of Birth Month	Day	Year	ID
		- -					

IMMUNIZATION AND MEDICAL HISTORY

DPT or DT or TD _____ Date _____ Date _____ Date _____ Date _____ Date

POLIO _____ Date _____ Date _____ Date _____ Date _____ Date

MMR _____ Date _____ Date

HEPATITIS B _____ Date _____ Date _____ Date _____ Date

HIB _____ Date _____ Date _____ Date _____ Date (Pre-K attendees only)

VARICELLA _____ Date LAST TETANUS VACCINE _____ Date

OTHERS _____ (Type & Date) _____ (Type & Date) _____ (Type & Date)

Height _____ Weight _____ Blood Pressure _____

Vision Right _____ Vision Left _____ Hearing _____

Lead _____ Urinalysis _____ Hemoglobin _____ Strabismus _____

CHRONIC HEALTH Asthma _____ Seizure Disorder _____ ADD/ADHD _____ Diabetes _____

CHRONIC MEDICATIONS Medications _____ Dose _____ Frequency _____

Signature of Preparer _____ Date ** _____

* WHEN APPROPRIATE MEDICAL DOCUMENTATION INDICATES THAT THE STUDENT HAD THE DISEASE, ATTACH COPY OF DOCUMENTATION.

** ALL INFORMATION ENTERED SUBSEQUENT TO THIS DATE MUST BE INITALED.

MEDICAL HISTORY

Date of Last Physical Exam _____ Date

Any Special Need Requirements For Student _____

_____

_____

Chronic Health Problems or restrictive conditions _____

_____