

Emmanuel Episcopal Day School Health Summary

To be completed and signed by your physician and returned with a 3231 Immunization Form before the first day of school.

Child's Name _____ Birth date _____

General Physical Health of child:
(good, fair, poor, etc)

Allergies (eczema, asthma, hay fever, etc.): _____ no known allergies

Is this child subject to frequent colds/sore throats? no _____ yes _____

Is this child subject to convulsions associated with high fever? no _____ yes _____

Has this child had a serious accident, illness, or broken bones, or surgery? no _____
yes _____ (please explain):

Please indicate any major illness (such as pneumonia, chicken pox, influenza, etc) that this child has had:

Have you observed delays in any of the following areas? Please circle any that apply and explain on the reverse side:

vision hearing speech emotional social motor

Please use the reverse side to indicate any other conditions or information that would be helpful in understanding this child.

Physician's signature _____ date _____

Phone number _____ (This form may be faxed to 706- 208-3790)