

Name \_\_\_\_\_

THE METHODIST WEEKDAY SCHOOL  
2600 Massachusetts Avenue  
Lexington, Massachusetts 02421

This information must be on file at the school prior to entrance in September. The child must have had a health exam by a doctor within one year of entrance. (Your doctor's health form is also acceptable.)

**ANNUAL HEALTH FORM**

Name and Address of Child :

\_\_\_\_\_  
\_\_\_\_\_

The above child is free from chronic communicable diseases or any conditions affecting the child's health except as noted:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps or special needs: \_\_\_\_\_

Diseases or illnesses child has had:

chicken pox: \_\_\_\_\_

other: \_\_\_\_\_

Special instructions or suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's height: \_\_\_\_\_ Child's weight: \_\_\_\_\_

The child has been or is in the process of being immunized for the following:

	1st <u>Mo./Yr.</u>	2nd <u>Mo./Yr.</u>	3rd <u>Mo./Yr.</u>	4th <u>Mo./Yr.</u>	5th <u>Mo./Yr.</u>
HEP. B.	_____	_____	_____	_____	_____
DPT	_____	_____	_____	_____	_____
POLIO	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
VARICELLA	_____	(or chicken pox noted in above section)			
LEAD PAINT TEST	_____	(date of most recent screening)			

DATE OF PHYSICAL \_\_\_\_\_ (this form expires one year from this date)

\_\_\_\_\_  
Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name and Address (please print)