

ST. JOHN CHRISTIAN PRESCHOOL
PHYSICAL FORM

Physical should not be given before May 1.
Physical must be returned on or before the first day of school.

Name _____ Sex _____
Last First Middle

Present Date _____ Birth Date _____

Family Doctor _____
Name City Phone

Health History

Present Health Status

Allergies? _____

Medications? _____

Acute/Chronic conditions? _____

Recommendations for continued care (if necessary) _____

Signature of attending physician

IMPORTANT – An “[Iowa Department of Public Health Certificate of Immunization](#)” must also be returned on or before the first day of school. The following need to be included on the Certificate:

- Child’s first name, last name, and birth date
- Signature of physician or health official
- Vaccine
- Date vaccine was given