

St. Michael's Preschool Health Questionnaire

Child's Name: _____

Today's Date _____

Child's Birthday: _____

Age: _____ Male/Female

Child's Current Weight: _____

Does your child have a current medical condition? Yes/No

General Development:

1. What things can your child do very well? _____

2. What things are challenging for your child? _____

3. Does your child see any Specialist or have received service from First Steps? Yes/No

If yes, please explain _____

4. Does your child have a current IEP from Special School District? Yes/No

If yes, please attach a copy of the IEP

5. Was your child full term or premature? If Premature how many weeks: _____

Meal Time:

Does your child have any food allergies? Yes / No

Please list food and type of reactions _____

Does your child use a fork and spoon independently? Yes / No

Does your child drink from an open cup daily? Yes / No

Does your child have any food sensory/texture dislikes? Yes /No If so please describe:

List Favorite Foods: _____

Foods he/she won't eat: _____

Favorite healthy snacks and fruits: _____

Sun Screen may be put on my child by St. Michael's Little Angels Preschool Staff: Yes / No

Over

Please have your Doctor complete this side of the health form:

Immunizations:

Please write dates in each box or they can be sent from the Doctor's office OR **attach a copy**

	D TaP (DPT)	P C V	In fluenza	Hib	IPV(Polio)	Hep B	M M R	Varicella
Dose 1								
Dose 2								
Dose 3								
Dose 4								
Dose 5								

Any other immunization: _____

Does child have regular ear infections? _____

Does child have ear tubes? _____

Are there any concerns about hearing? _____

Are there any vision concerns? _____ Does Child wear glasses? _____

Allergies: _____

Medication taken regularly: _____

General Health Comments from the Doctor

I have examined, _____, and find that she/he healthy and can attend a preschool program of the parent's choice.

Doctor's Name

Doctor's Office Phone Number

Doctor's Signature

Date

**School Fax # 314- 644-1433
Attention: Preschool Program**