

Please note: Proof of immunization must be submitted before child will be accepted to school. We recommend your doctor fax your child's immunization record directly to STM at 610-432-1395.

## St. Thomas More School Medical Records

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Medical History

Asthma \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Bronchitis \_\_\_\_\_

Tonsillitis \_\_\_\_\_

Pneumonia \_\_\_\_\_

Epilepsy \_\_\_\_\_

Chicken Pox \_\_\_\_\_

T. B. Self \_\_\_\_\_

T. B. Family \_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Enuresis (Bed Wetting) \_\_\_\_\_

Vision Corrections \_\_\_\_\_

Recurrent ear infections/tubes \_\_\_\_\_

Medications (Please list) \_\_\_\_\_

**INDICATE ANY UNUSUAL HEALTH CONDITIONS OR CIRCUMSTANCES CONCERNING THIS CHILD.**

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