

**LITTLE GREEN SPROUTS PRESCHOOL  
HEALTH QUESTIONNAIRE & IMMUNIZATION HISTORY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any health issues or problems of which we should be aware:

Hearing: \_\_\_\_\_

Vision: \_\_\_\_\_

Developmental: \_\_\_\_\_

Language/Speech: \_\_\_\_\_

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

Allergy Medication Child is Taking: \_\_\_\_\_

Insect bites/stings: \_\_\_\_\_

Food: \_\_\_\_\_

Asthma: \_\_\_\_\_

Asthma Medication: \_\_\_\_\_

Other: \_\_\_\_\_

Additional Medical History (Please use a second sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION HISTORY**

Please provide an immunization card or a copy of child's immunization history from child's physician prior to your child starting school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_