



**ST. JOHN'S PRESCHOOL  
501 NORTH AVENUE  
PITTSBURGH (MILLVALE), PA 15209  
TELEPHONE: 412-821-6367**

**2019– 2020 SCHOOL YEAR**

Your child \_\_\_\_\_ is in good health,  
free from communicable disease, and physically able to participate in all preschool activities.

\_\_\_\_\_  
**Doctor's signature**

\_\_\_\_\_  
**Date**

**DPT (Diphtheria-Pertussis-Tetanus)**

**Oral Polio**

**Month and Year                      Given by**

**Month and Year                      Given by**

\_\_\_\_\_

\_\_\_\_\_

**Month/Day Year**

**Given by**

**Measles** \_\_\_\_\_

**Mumps** \_\_\_\_\_

**Rubella** \_\_\_\_\_

**M-M-R** \_\_\_\_\_

**HIB** \_\_\_\_\_

**Does this child have any allergies?** \_\_\_\_\_

**I certify that the above information is correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of parent or physician**