



# OUR LADY OF VICTORY SCHOOL

1626 West Princeton Avenue † Fresno, CA 93705-3837

Phone: 559/229-0205 † Fax: 559/229-3230

Website: www.fresnoolv.org

State law requires the information below to be on file in the school office. The law specifically requires immunization for polio, diphtheria, pertussis (whooping cough), rubeola (ten day measles), rubella (three day measles), mumps, and Hepatitis B before a child enters school. We must have written evidence from a physician or health department to verify your child's immunization for these diseases (such as an immunization record/card). Kindergarten or new students are required to provide written evidence of a physical exam.

Parents are requested to complete the information required below:

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Has your child had any of the following diseases?

	Yes	No	Date		Yes	No	Date
Chickenpox				Epilepsy			
Measles – 10 day				Heart Disease			
Measles – 3 Day				Rheumatic Fever			
Mumps				Polio			
Allergies				Tuberculosis			
Asthma				Operations			
Diabetes				Injuries			

If you have answered yes to any of the above please explain on the back of this sheet.

1. Please describe any past physical injuries, surgeries or illnesses which might affect your child's performance in school:

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any physical limitations that we must be aware of for his/her safety or health?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe below:

\_\_\_\_\_  
\_\_\_\_\_

3. Is your child currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication is he/she taking?

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

The condition for taking the medication: \_\_\_\_\_

When was his/her last physical examination? Date: \_\_\_\_\_ Doctor: \_\_\_\_\_