



The Montessori School of Pullman

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Pullman, WA 99163



pullmanmontessori.org
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Health History and Examination

Child's Name: _____ Date of Birth: _____

Guardian's Name: _____ Guardian's Name: _____

Physician's Office: _____

Physician: _____

Phone: _____

Address: _____

This form may be signed by you, with the date of the child's last medical exam, and returned to school. The health of a child is a very important factor in learning. Because of this fact, we request a simple, well-child physical examination each year. A physical exam within the last six months need not be repeated.

Date of last medical exam: _____

Please list diseases, illnesses, physical conditions, allergies or surgical procedures the child currently has or has had that school personnel should be aware of. Indicate what precautions or restrictions are required. Please list medications regularly used.

This information is as up to date and true to the best of my knowledge.

Parent/Guardian's signature: _____ **Date:** _____