

V HISTORY OF DISEASES (Give date)

Mumps _____ **Polio** _____ **Chicken Pox** _____

Measles _____ **Whooping Cough** _____

Other diseases and illnesses, including history of allergy _____

VI FAMILY HISTORY OF DISEASE

Parasites Yes ___ No ___ Explain _____

Tuberculosis Yes ___ No ___ Explain _____

Diabetes Yes ___ No ___ Explain _____

Other _____

I have found this child free of communicable and contagious diseases

Yes ___ No ___

I recommend this child for group day care Yes ___ No _

Recommendations for follow-up medical care: _____

Date of Examination _____ **Physician's Signature** _____

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