



Mazapan School

Zona Mazapan
La Ceiba, Honduras.

Tel: +504 443-2716
Fax: +504 443-3559
Website: www.mazapanschool.org

Applicant's Medical History

First Name

Middle Name

Family Name 1

Family Name 2

Birthplace

Date of Birth

Day / Month / Year

The child has had:

- Mumps
- Chicken Pox
- Rubella
- Measles
- Other

Special Conditions:

- Asthma
- Heart Problems
- Epilepsy
- Other, Please specify

Known Allergies:

Medications, foods, etc.

Vaccination Chart

Vaccine	Age	Doses/Boosters	Date
BCG (Tuberculosis)	At birth	Single dose	
	7 Years old	Booster	
Sabin (Poliomyelitis)	At birth	Additional dose	
	2 months	1 st dose	
	4 months	2 nd dose	
	6 months	3 rd dose	
Pentavalent (DPT+HB+HIB) <small>DPT [Diphtheria, Pertussis -whooping cough-, Tetanus] HB [Hepatitis type B] HIB [Haemophilus influenzae type b]</small>	Before 5 years	Additional dose	
	2 months	1 st dose	
	4 months	2 nd dose	
	6 months	3 rd dose	
DPT	1 year after the third dose of Pentavalent	1 st booster	
	4-5 years	2 nd booster	
MMR (Measles, Mumps and Rubella)	12 Months	Single dose	

Physical Exam (Must be completed by a physician)

Diagnosis: _____

Observations / Prescriptions: _____

Physician's Signature and Seal

Date

Eye Exam:

Diagnostic: _____

Observations / Prescriptions: _____

Wears glasses: Yes No

Physician's Signature and Seal

Date

Hearing test:

Diagnostic: _____

Observations / Prescriptions: _____

Physician's Signature and Seal

Date