

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL
HEALTHY PREGNANCY HEALTHY BABIES PROGRAM**

ENROLLMENT FORM

Today's Date: _____

Name: _____ Age: _____

Mailing address: _____

Home number: _____ Cell Number: _____

Doctor's name: _____ Phone Number: _____

Doctor's address: _____

I am _____ weeks today. My worksite is: _____

This is my pregnancy number: _____ My Due Date is: _____

I am planning on delivering at: _____

Are you currently taking any prenatal vitamins and for how long have you been taking them?

Have you had a physical exam within the last 12 months? _____

If not, are you planning to have a physical exam? _____

Are you currently covered under The School District Medical Benefit Plan? _____

