

**OLD NORTH PRESCHOOL 2017-2018**

**4201 STRINGTOWN RD. EVANSVILLE, IN 47711 812-425-7529(PLAY)**

**MEDICAL RECORD**

NOTE: Please have a physician complete this form. If your child has had a physical within the past 9 months, you may have your physician fill out this form, using that information.

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CHILD'S BIRTHDAY \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_

**MEDICAL HISTORY**

<u>COMMUNICABLE DISEASE</u>	<u>MONTH/YEAR</u>
Measles	_____
Rubella	_____
Chickenpox	_____
Mumps	_____
Scarlet Fever	_____
Whooping Cough	_____
Other	_____

**CONDITION** (Explain if necessary)

Allergies \_\_\_\_\_  
Handicapping Conditions \_\_\_\_\_  
Ear Infections \_\_\_\_\_  
Operations \_\_\_\_\_  
Other \_\_\_\_\_

**IMMUNIZATIONS**

MONTH/YEAR

Hepatitis	_____
DPT	_____
Oral Polio	_____
MMR	_____
HIB	_____
Chickenpox	_____
Tuberculin Skin Test	_____
Other	_____

**PHYSICAL EXAMINATIONS-PLEASE NOTE ANY UNUSUAL FINDINGS:**

DOES THIS CHILD HAVE ANY HEALTH CONDITIONS THAT WOULD BE HAZARDOUS TO HIM/HERSELF OR TO OTHER CHILDREN IN A GROUP SETTING AS A RESULT OF PARTICIPATION IN NORMAL ACTIVITIES?

DOES THIS CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS (IF SO PLEASE LIST)

PHYSICIAN'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_