

OLD NORTH PRESCHOOL 2018-2019

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

COMMUNICABLE DISEASE

MONTH/YEAR

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. _____

