

OLD NORTH PRESCHOOL 2023-2024

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. The Dr. office can fax information to 812-423-3699.

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. _____