

Medical Record

Child's Name _____ Age _____ Birth Date _____

Parent's Name _____

My child's immunization records are presently on file and up-to-date _____ Date _____

This child has applied to enter **Prospect Presbyterian Preschool**. This school provides a program, which extends for three hours, two to five days per week. The daily activities include vigorous outdoor play and indoor activity centers. Please provide a report on this child using the form below. This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time. The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the preschool program described.

DATES

DTP _____ MMR _____

Polio _____ TB _____

HIB _____ VARIVAX _____

HEP _____

Date of last complete "well" check-up _____

1. Physician's Name _____ Phone # _____

2. List any illnesses, injuries, or behavioral difficulties your child has or has had.... and did these require hospitalization? If yes, explain _____

3. List allergies your child has (food, insect stings, medicines, pollens) _____

4. List any condition or health problem for which your child is currently receiving medical care _____

5. Has your child ever had an evaluation at a developmental evaluation center by a psychologist or other health specialist? If yes, list type of evaluation and age at the time _____

Physician's Signature: _____ Date: _____

Physician's Address: _____
