

**MEDICAL HISTORY AND PHYSICAL EXAMINATION
FORM**

No child will be accepted into the school unless all paperwork has been completed and handed in by August 1, 2011.

To be completed by parent/guardian:

Child _____ Birth Date _____

Address _____ Phone _____

Mother's Name _____ Father's Name _____

Doctor to be called in an emergency _____ Phone _____

Illnesses of note (chronic, allergies, sensitivities, etc.): _____

To be completed by a Physician:

Required Immunizations:	Dates:			
DTaP or DT	_____	_____	_____	_____
MMR	_____	_____	_____	_____
IPV	_____	_____	_____	_____
HIB	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____

Physical Examination: DATE of exam _____

Weight _____	Height _____	Teeth _____	Tonsils _____
Eyes _____	Ears _____	Glands _____	Skin _____
Abdomen _____	Hernia _____	Heart _____	Lungs _____
Orthopedic _____			
Audio Test _____			

Are there any physical defects to be corrected? _____

Are there any medical conditions to note in the event of an emergency?

In my opinion, is the applicant physically able to participate in any nursery school activity?

Yes ___ No ___ Explain: _____

Doctor's Signature _____ Date _____

