

Presbyterian Nursery School
64 Oswego St.
Baldwinsville, NY 13027
(315) 635-7391 Office & (315) 638-4792 Fax

MEDICAL FORM

Please note that a copy of your child's most recent physical, along with up-to-date immunizations can be submitted in place of the Dr. completing this form. Make sure the paper from the Dr. has a signature (electronic signature is acceptable) and that you attach it to this form that you have signed.

Child's name _____ **Date of Birth** _____

Parent's names _____

Address _____

Date of last exam _____ **Doctor's Name** _____

Immunizations (please be sure the attached form has dates immunizations were administered)

DPT ___ Polio-TOPV ___ OR-IPV ___ HIB ___ MMR ___ HEP-B _____

Varicella/varivax _____ Lead test, results _____ TB test, results _____

Food Allergies (please list): _____

Nutrition: Good ___ Fair ___ Poor ___

Does child have a good appetite? _____

Does your child take any prescription medications? YES or NO If yes, please list them

Operations or serious illness (please give brief detail) _____

Communicable Disease (measles, mumps, chickenpox, etc.) please give name and year _____

Condition of teeth Good ___ Fair ___ Poor ___ **Hearing** Good ___ Fair ___ Poor ___

Eyesight Good ___ Fair ___ Poor ___

Does child have frequent sore throats or colds? _____

Additional Remarks _____

Dr. Signature _____

Parent's Signature _____