

Presbyterian Nursery School
64 Oswego Street, Baldwinsville, NY 13027
(315) 635-7391

Medical Form

Child's name _____ Date of Birth _____
Parent(s) name(s) _____
Address _____
Date of Last Examination _____ Doctor's Name _____
Doctor's Phone Number _____

Immunizations Please attach a photocopy of your child's immunization record from the pediatrician including dates immunizations were administered.

DPT _____
POLIO-TOPV _____ OR-IPV _____
HIB _____ MMR _____
TB TEST _____ RESULTS _____
LEAD _____ RESULTS _____
HEPB _____ CHICKEN POX _____
(VARICELLA/VARIVAX) _____

Communicable Diseases - give year child had disease

MEASLES _____ GERMAN MEASLES _____ MUMPS _____ DIPHTHERIA _____
CHICKEN POX _____ STREP THROAT _____ SCARLET FEVER _____
WHOOPING COUGH _____ FIFTH DISEASE _____ OTHER _____

Food allergies-please list

Nutrition-- Good _____ Fair _____ Poor _____

Does child have a good appetite? _____

Other Allergies _____

Does your child take any prescription medications? _____ If so, please list them. _____

Operations or serious illness -- please give brief details _____

Condition of teeth-- Good _____ Fair _____ Poor _____

Hearing -- Good _____ Fair _____ Poor _____

Eyesight - Good _____ Fair _____ Poor _____

Does child sleep well? _____

Does child have frequent sore throats and colds? _____

Has child been slower than average in physical, mental, or emotional development? _____

Additional remarks _____

Doctor's Signature _____

Parent's Signature _____