

Health Record 2022-2023 School Year


Child's Name _____ Birth _____
Date ____/____/____ Last, First
Street Address _____ City _____ Zip _____

Child Lives

with _____ Name _____ Phone _____

MEDICAL HISTORY

Measles _____
Rubella (German Measles) _____
Chickenpox
(Varicella) _____
Mumps _____
Scarlet Fever _____
Whooping Cough _____
Hepatitis B _____
Other _____

_____ 
Allergies: _____

Physical Limitations: _____

Other: _____

PHYSICAL EXAMINATION

Date of Exam _____ Age of Child _____

Skin _____
Lymph nodes _____
Eyes _____
Nasopharynx _____
Teeth and Mouth _____

Heart _____
Lungs _____
Abdomen _____
Genitalia _____
Skeleton _____
Other _____

Note any unusual findings: _____

Does this child have any health condition that would be hazardous to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)? No ___ Yes ___ If "Yes" what modification of normal activities would be necessary to protect the child and his/her classmates?

(over)

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No ___ Yes ___ Explain: _____

HISTORY OF IMMUNIZATIONS (Indicate month/day/year)

1 2 3 4 5

DtaP/DT/Td/TD					
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1 2 3 4

OPV,IPV					
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1 2 3 4

Hib				
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1 2 3

Hepatitis B			
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1 2

Measles		
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1 2

Mumps		
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1 2

Rubella		
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1 2

Varicella		
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1 2 3 4

PCV7					
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Name of Physician Completing Form: _____ (Please Print)

Phone Number: _____

Physician's Signature: _____ Date: _____

ADDITIONAL NOTES AND INSTRUCTIONS
