

Child's Medical Form

Child's Name _____

Birthdate _____ Age _____ Sex _____

1. Significant events in the child's developmental history include: Serious illnesses, accidents, operations, nutritional, dental, mental, emotional problems, or handicapping include:

2. Immunizations: Are up to date: Yes _____ No _____

If no, what immunizations have not been administered? _____

When will the immunizations be administered? _____

3. Documentation of Medical Examination (Evaluate each of the following):

A. Growth and Development: _____

B. Height _____ Weight _____ B/P _____

C. Nutritional status: _____

D. Evidence of freedom from:

1) communicable disease, including tuberculosis _____ Kind of TB Test _____

2) allergies _____

3) chronic conditions _____

4) handicaps _____

E. Other (specify) _____

F. Normal evaluation: Yes _____ No _____

G. If not, describe abnormal or handicapping conditions: _____

H. Recommendations: _____

1. Any restricted activities: _____

Signature of Physician

Date of Examination

Name and Address (printed or typed)