

STUDENT HEALTH RECORD

Fishers Pointe Cooperative Preschool

Child's Name _____ Birth Date ____/____/____
(Last) (First) (MI)

Street Address _____ City _____ ZIP _____

Child Lives With _____ Name _____ Phone _____
(Relationship)

MEDICAL HISTORY

| Communicable Disease | Month/Year | Condition | Explain if Present |
|--------------------------|------------|---------------------------|---|
| Measles | _____ | Allergies: _____ _____ | Handicapping Conditions: _____ _____ |
| Rubella (German Measles) | _____ | | |
| Chickenpox (Varicella) | _____ | | |
| Mumps | _____ | | |
| Scarlet Fever | _____ | | |
| Whooping Cough | _____ | | |
| Other _____ | _____ | Other: _____ | _____ |

PHYSICAL EXAMINATION

Date of Exam _____

Age of Child _____

| | |
|-----------------------|-----------------|
| Skin _____ | Heart _____ |
| Lymph Nodes _____ | Lungs _____ |
| Eyes _____ | Abdomen _____ |
| Ears _____ | Genitalia _____ |
| Nasopharynx _____ | Skeleton _____ |
| Teeth and Mouth _____ | Other _____ |

Note any unusual findings: _____

Does this child have any health conditions that would be hazardous either 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? _____

Have you prescribed any medications or special routines that should be incorporated into the preschool's plans for this child's activities? No ____ Yes ____ If yes, explain: _____

HISTORY OF IMMUNIZATIONS AND TESTS

(Indicate Month/Day/Year)

| | 1 | 2 | 3 | 4 | 5 |
|----------------|---|---|---|---|---|
| DTaP/DTP/DT/Td | | | | | |

| | 1 | 2 | 3 | 4 |
|-------|---|---|---|---|
| Polio | | | | |

| | 1 | 2 | 3 | 4 |
|-----|---|---|---|---|
| HIB | | | | |

| | 1 | 2 | 3 |
|-------------|---|---|---|
| Hepatitis B | | | |

| | 1 | 2 |
|---------|---|---|
| Measles | | |
| Mumps | | |
| Rubella | | |

| | 1 | 2 | 3 | 4 |
|---------------|---|---|---|---|
| PCV7 (Pevnar) | | | | |

| | 1 |
|-----------|---|
| Varicella | |

NOTE: To be considered adequately immunized a child 24 months through 59 months of age should have received 4 doses of DTaP/DTP/DT/Td, 3 doses of Polio, 1 dose of Measles Mumps and Rubella (MMR) given after the first birthday and 3 doses of Hib Vaccine. Any child 60 months of age or older should receive a 5th dose of DTaP/DTP/DT/Td, a 4th dose of Polio, a 2nd dose of Measles (usually given as an MMR) and 3 doses of Hepatitis B vaccine.

Name of Physician Completing Form: _____ Phone _____
(please print)

Physician's Signature _____

ADDITIONAL NOTES AND INSTRUCTIONS
