NEW STUDENT
PRE-ADMISSION PHYSICAL EXAM

Child's Name ____ Date of Birth ___________________________

Name of Doctor or Health Agency ____

Doctor's address ____ Telephone #__________________________

Date of Pre-admission Exam _______________________________

Is there any reason why this child cannot be immunized?____

Does this child have any special problem or condition which a child care program would be unable to deal with?____

Results of Examination____

____
Signature of Physician or Health Agency Representative

Past illnesses – Check those that apply and give approximate date:

□ Chicken Pox	Date	□ Hay Fever	Date	□ Whooping Cough	Date	□ Ten Day Measles (Rubeola)	Date
□ Asthma		□ Diabetes		□ Mumps		□ Three Day Measles (Rubella)	
□ Rheumatic Fever		□ Epilepsy		□ Polio-myelitis		□ Other serious illness/accident	

List any allergies your child has (food/medication/etc.):____
Does your child have any special problems or fears? Explain:____
____
____
Are the problems serious enough to restrict your child's activities? Yes _____ No _____ Please explain: _____
____
Does your child have frequent colds? Yes _____ No _____ How many in the last year? ___________________
Is your child currently taking any prescribed medication? Yes _____ No _____ Name of medications__________
____

____
Parent/Guardian Signature Date