

The Jewish Preschool on Sardis Children's Medical Report

2010-2011

Current Date ___/___/___

Complete the entire form. Front and back.

Name of Child _____ Birthdate ___/___/___

Name of Parent(s) _____ Home Phone (____) _____

Address of Parent(s) _____

Mother's Work Phone (____) _____ Father's Work Phone (____) _____

Mother's Cell Phone (____) _____ Father's Cell Phone (____) _____

MEDICAL HISTORY (if more space is needed please use back of sheet)

1. Is child currently under a doctor's care? _____
If yes, for what? _____
 2. Is your child receiving therapy? _____ OT? _____ Please attach current report(s).
 3. Does child have allergies? _____
If yes, to what? _____
 4. Is child on any continuous medication? _____
If yes, what? _____
 5. Any previous hospitalizations or operations? _____
If yes, when and for what? _____
 6. Any history of significant previous diseases or recurrent illnesses? _____
If yes, what? _____
 7. Does child have any physical disabilities? _____
If yes, please describe: _____
 8. Does child have any emotional disorders? _____
If yes, please describe: _____
 9. Does child have any special needs? _____
If yes, please describe: _____
- Please list any information that may affect the safe care for your child. _____

PHYSICAL EXAMINATION

This examination must be completed and signed by a licensed physician or his/her authorized agent currently approved by the NC Board of Medical Examiners.

Height _____ Weight _____ Head _____ Eyes _____
Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GI _____ Ext _____

Neurological System _____ Skin _____

Should activities be limited? _____ If yes, explain _____

Any other recommendations? _____

Name of Authorized Examiner//Title: _____

Signature of Authorized Examiner/ Title: _____

Date of examination: ___/___/___ Phone #: () _____

SEE BACK

IMMUNIZATION HISTORY (enter date of each dose—month/day/year)

VACCINE	#1	#2	#3	#4	#5
DTP					
POLIO					
HIB					
MMR (Combined doses)					
HEPATITIS B					
VARICELLA	If no shot - date of disease				
OTHER					

The Children’s Medical Record and updated immunization records must be submitted no later than **July 15, 2010**. Please update preschool office through out the year when your child received vaccinations. This is state mandated and children can not attend school if this form is not completed.

What Shots Do They Need?

By This Age.....Children Must Have These Shots

12-16 months	3 DTaP	2 Polio	3-4 Hib	1MMR	2 Hep B	1 Var+
19 months	4 DTaP	3 Polio	3-4 Hib	1 MMR	3 Hep B	1 Var+
4 years or older	5 DTaP	4 Polio	3-4 Hib	2 MMR*	3 Hep B	

+ Vaccination required unless documentation of disease history.

* Children must receive their last DTaP, Polio and MMR before they start kindergarten and after they turn 4.