

MEDICAL INFORMATION

Child's Name: _____

(This form should be filled out by a physician and returned to the Center before your child begins attending.)

Past History

Are the immunizations up to date? _____ If immunizations are not complete, state the reason why. _____

Does the child have any allergies? _____

Summary of admissions to hospitals (record date and doctor)

State the status of the following and note any specific problems.

Eyes: _____ Ears: _____

Throat: _____ Speech: _____

If the child has any important health problems, please state who is following the child _____

If the child has a specific health problem, please list anything special that the Center should be aware of _____

Date of last physical examination: _____

Summary of findings and recommendations: _____

Next physical exam should be (date): _____

Use the back to record any additional information.

Date _____ Doctor's Signature _____