



CHILD'S HEALTH REPORT (TO BE COMPLETED BY PHYSICIAN)

CHILD'S NAME _____

DATE OF LAST MEDICAL CHECK UP _____

DATES OF MOST RECENT IMMUNIZATIONS _____

DPT _____ MMR _____ POLIO _____ HepB _____ Hib _____

ALLERGIES _____

Are there any medical problems which would interfere with nursery school activities? If yes, please indicate:

Any limitations?

Do you have any recommendations for this child relevant to a nursery school experience? Please indicate:

PHYSICIAN'S NAME & ADDRESS

PHYSICIAN'S SIGNATURE _____

DATE _____
