

**Medical Form**

Child: \_\_\_\_\_ D.O.B: \_\_\_\_\_ DATE OF LAST PHYSICAL: \_\_\_\_\_

This child was found to be in good health and able to participate in school activities: Yes: \_\_\_ No: \_\_\_

**Allergies:** \_\_\_\_\_ Treatment: \_\_\_\_\_

Asthma: \_\_\_\_\_ Treatment: \_\_\_\_\_

Chickenpox: \_\_\_\_\_ Date: \_\_\_\_\_

Hgb/Hct: \_\_\_\_\_ Urinalysis: \_\_\_\_\_ TB Testing: / Low risk: \_\_\_\_\_

Scoliosis: \_\_\_\_\_ yes: \_\_\_\_\_ no: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Bp: \_\_\_\_\_ Vision: \_\_\_\_\_

Abnormal findings: \_\_\_\_\_

Additional pertinent information /Meds: \_\_\_\_\_

<b>LEAD</b>	Date:	Level:
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Immunization Record	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>DTaP/DTP:</b>						
<b>IPV/OPV:</b>						
<b>MM2</b>						
<b>HEP B:</b>						
<b>HIB:</b>						
<b>HEP A:</b>						
<b>PCV:</b> Pneumococcal Conjugate PCV-7						
<b>FLU:</b>						
<b>H1N1</b>						
<b>Rotavirus:</b>						
<b>Varicella</b> Chicken pox						

★ MD's Signature: \_\_\_\_\_ Date: \_\_\_\_\_