Presbyterian Nursery School
64 Oswego St.
Baldwinsville, NY 13027
(315) 635-7391 Office & (315) 638-4792 Fax

MEDICAL FORM

Please note that a copy of your child's most recent physical, along with up-to-date immunizations can be submitted in place of the Dr. completing this form. Make sure the paper from the Dr. has a signature (electronic signature is acceptable) and that you attach it to this form that you have signed.

Child's name_____ Date of Birth_____

Parent's names_____

Address_____

Date of last exam_____ Doctor's Name_____

Immunizations (please be sure the attached form has dates immunizations were administered)

DPT ____ Polio-TOPV_____ OR-IPV____ HIB_____MMR _____HEP-B_____

Varicella/varivax_____Lead test, results_____ TB test, results_____

Food Allergies (please list):_____

Nutrition: Good____ Fair____ Poor____

Does child have a good appetite?_____

Does your child take any prescription medications? YES or NO If yes, please list them

_____

Operations or serious illness (please give brief detail)_____

_____

Communicable Disease (measles, mumps, chickenpox, etc.) please give name and year_____

_____

Condition of teeth Good____ Fair____ Poor_____ **Hearing** Good_____ Fair_____ Poor_____

Eyesight Good___ Fair____ Poor_____

Does child have frequent sore throats or colds?_____

Additional Remarks_____

Dr. Signature_____
Parent's Signature_____