

PHYSICIAN REPORT AND HEALTH RECORD

Immanuel Lutheran School - Preschool

1101 Hilltop Drive
Loveland, CO 80537
667-7606

Child's Name _____ Sex _____ Birth date _____

Address _____ Telephone Number (____) _____
Street City Zip

Parent's Name _____

MEDICAL HISTORY - to be completed by parent

Check illnesses your child has had:

Illness Year
Chicken pox _____
Scarlet fever _____
Measles _____
German measles _____

Illness Year
Rheumatic fever _____
Strep throat _____
Mumps _____
Ear infection _____

Check the following conditions your child has acquired or experienced:

Diabetes _____
Epilepsy _____
Heart diseases _____
Allergies (list) _____

Asthma (list) _____

Injuries/Accidents _____

Permanent disability _____

Surgery _____

Parent/Guardian Signature

Date

(Over)

PHYSICIAN'S EXAMINATION - to be completed by a physician

Child's Height _____ Weight _____

Check and explain any abnormalities:

Posture _____	Thyroid _____
Eyes _____	Lungs _____
Ears _____	Heart _____
Nose _____	Pulse _____
Mouth _____	Hernia _____
Skin _____	Genitalia _____
Throat _____	Feet _____
Lymph Nodes _____	Nervous System _____
Thorax _____	Abdomen _____

Does this child have any vision or hearing problems? _____

If so, please explain: _____

Any recommendations?

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

This child is enrolled at Immanuel Lutheran Preschool. Classes meet from two to three times weekly for two hours and thirty minutes, under the supervision of a professional teacher. The daily program involves both vigorous and quiet indoor and outdoor play including the use of climbing equipment. In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described here?

Date of last tuberculin test? _____ Result? _____

Date of most recent examination: _____

Physician's Signature

Date