

U.C.C. GREENAWALDS NURSERY SCHOOL

2325 Albright Avenue, Allentown, PA 18104

MEDICAL EXAMINATION

Name of Child _____

Physician's Name _____

Address _____

Telephone _____

Date _____

_____ was examined today and found to be free from any communicable and contagious disease.

IMMUNIZATION DATES

Child's Height _____ Child's Weight _____

DPT Vaccine _____

Hib _____

Tuberculin Patch Test _____

Polio Vaccine _____

MMR _____

Hepatitis Vaccine _____

Boosters _____

Other _____

REMARKS: [Include record of allergies, hospitalizations, past communicable diseases (i.e. Chicken Pox, etc.). Please list any medicines this child is currently taking and the reason for the medication.]

A complete physical examination has been given and I recommend this child for enrollment.

SIGNATURE OF M.D.

DATE