

**Huguenot Street Cooperative Nursery School
Medical History and Physical Examination Form**

To be completed by parent/guardian:

Child _____ Birth Date _____

Address _____ Phone _____

Mother's Name _____ Father's Name _____

Doctor to be called in an emergency _____ Phone _____

Illnesses of note (chronic, allergies, sensitivities, etc.): _____

To be completed by a Physician:

Required Immunizations:

Dates:

DTaP or DT	_____	_____	_____	_____
MMR	_____	_____	_____	_____
IPV	_____	_____	_____	_____
HIB	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Varicella	_____	_____	_____	_____

Physical Examination:

Date of exam: _____

Weight _____	Height _____	Teeth _____	Tonsils _____
Eyes _____	Ears _____	Glands _____	Skin _____
Abdomen _____	Hernia _____	Heart _____	Lungs _____
Orthopedic _____		Audio Test _____	

Are there any physical defects to be corrected? _____

Are there any medical conditions to note in the event of an emergency? _____

In my opinion, is the applicant physically able to participate in any nursery school activity?

Yes ___ No ___ Explain: _____

Doctor's Signature _____ Date _____