

DREXEL HILL UNITED METHODIST NURSERY SCHOOL PHYSICAL FORM

Name of child _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Father's Name & Business Address _____

_____ Phone _____

Name of Physician _____ Phone _____

In Case of Emergency (no one at home) notify: _____

_____ Phone _____

IMMUNIZATION RECORD (Give Dates of Last Doses):

DTP _____ HEP B _____

Polio _____ MMR _____

HIB _____ Other _____

ILLNESSES (Please check all which apply):

Hepatitis A () Hepatitis B () Chicken Pox () Measles ()

Rheumatic Fever () Mumps () Rubella () AIDS ()

HIV () Other _____

Physical defects (sight, hearing, heart, etc.) _____

Allergies: violent food dislikes _____

Is child subject to colds, ear aches, or other conditions? _____

Special problems, including nervous habits (toileting, eating, etc.) _____

I HAVE EXAMINED _____ AND IN MY OPINION HE/SHE
IS IN GOOD CONDITION AND ABLE TO ATTEND NURSERY SCHOOL FOR THE
2018/19 SCHOOL YEAR.

Physician's Signature _____ Date: _____

Physician's Stamp/Seal