

**DREXEL HILL UNITED METHODIST NURSERY SCHOOL  
PHYSICAL FORM**

Name of child \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent 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  
2020/2021 SCHOOL YEAR.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp/Seal