

**Drexel Hill United Methodist Nursery School**  
**600 Burmont Road**  
**Drexel Hill, PA 19026**  
**610-259-1444**  
**Physical Form**

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

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

Parents' names \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

**IMMUNIZATION RECORD (give dates and last doses):**

DTaP _____	HEP B _____	PCV13 _____
MMR _____	HIB _____	IPV _____
VARICELLA _____	HEP A _____	Influenza (yearly) _____

**ILLNESSES (Please check all which apply):**

Hepatitis A ( )	Hepatitis B ( )	Chicken Pox ( )	Measles ( )
Rheumatic Fever ( )	Mumps ( )	Rubella ( )	AIDS ( )
HIV ( )	Covid 19 ( )	other _____	

Physical defects (sight, hearing, heart, etc.) \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Special needs, 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 2021/2022 school year.

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

Physician's Stamp/Seal