



HEALTH RECORD (To be filled in by Physician)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

List serious previous illnesses (include age) \_\_\_\_\_  
\_\_\_\_\_

Does child have any physical abnormalities? (Use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_

Does child have any known or suspected allergies? \_\_\_\_\_  
\_\_\_\_\_

How manifested? \_\_\_\_\_

What to avoid? \_\_\_\_\_

Should activities be restricted in any way? \_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

I have examined this child and find him/her in satisfactory health to attend Preschool.

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_