



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: _____