

Lookout Mountain Preschool Medical Information

Child's Name _____ Sex ___M___F Birth Date _____

Child's Physician _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

Examination Date _____
Height _____ Weight _____ Vision _____
Hearing _____ Heart _____ Lungs _____
Disabilities _____
Medication _____
Comments _____

List Current Medical Problems now under treatment _____

List specific allergies to food, drugs or any other substances _____

List operations or serious accidents _____

Has child seen a dentist within the past six months _____

List new immunizations given with this check-up _____

TO THE BEST OF MY KNOWLEDGE, IMMUNIZATIONS FOR THE ABOVE NAMED CHILD ARE UP TO DATE.

Signed: _____ Date _____
Physician