Pleasant Hill Nursery School

Physician's Report

Student Information

Child's Full Name: ____ **Date of Birth:**__________________

Contact Phone: ____ **Date of Last Exam:** __________________

Child's Height:_________________

Child's Weight: ________________

Physician Information

Name: ____

Address: ____ **Office Phone:**__________________

____

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Serious Illnesses

Please list any serious illnesses:____

____

Allergies

Please list any allergies your child has: ____

____

Medications

Please list any medications your child takes: ____

____

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Physical Activity

____ Full Normal Activity ____Restricted Activity

Restrictions: ____

____

____

Immunization Record

Chicken Pox (Born on or after 1/1/2000, 1 dose).......... _____

DTaP / DTP / DT / Td .... _____

Polio .... _____

Measles .... _____

Rubella .... _____

Mumps .... _____

MMR .... _____

Hib .... _____

Hep B... _____

____ ____________________

Signature of Parent or Guardian Date