

2017-2018
Olivet Preschool
 812-477-8863
 Fax# 812-477-9568



Medical Report

Note: This form must be completed and signed by your child's physician and returned before your child starts school. Thanks!

CHILD'S NAME _____
 ADDRESS _____
 DATE OF BIRTH _____ SEX _____ PHONE # _____

Record of Required Immunizations

Diseases and Conditions

Date

	Month-Day-Year
<u>HepB</u>	_____

<u>DTaP</u>	_____

<u>Hib</u>	_____

<u>PCV</u>	_____
<u>IPV</u>	_____

<u>Influenza</u>	_____

<u>MMR</u>	_____

<u>Varicella</u>	_____

<u>HepA</u>	_____

Whooping Cough	_____
Chicken Pox	_____
Measles	_____
Rubella (3day)	_____
Mumps	_____
Scarlet Fever	_____
Rheumatic Fever	_____
Poliomyelitis	_____
Hepatitis	_____
Epilepsy	_____
Nose Bleeds	_____
Asthma	_____
Eczema	_____
HIV	_____
Allergies (specify)	_____

Other: _____	_____

History of severe illness, injuries or surgeries:

Physician's Recommendations:

This child is physically fit to participate in a preschool program: YES _____ NO _____

Physician's signature (MD) _____ Date _____