

MEDICAL STATEMENT ● Grove Park Chapel Preschool ● 805 Sherron Rd ● Durham, NC 27703 ●

Name of Child: _____ **Age:** _____ **Birth date:** _____

Name of Parent(s): _____

Address of Parent(s): _____

Medical History (May be completed by parent):

1. Previous hospitalization? Yes _____ No _____ If so, why? _____

2. Is the child allergic to anything? Yes _____ No _____ If so, what? _____

3. Any previous illness? Yes _____ No _____ If so, what? _____
4. Any operations? Yes _____ No _____ If so, what? _____

5. Any physical condition that might affect his/her participation in this program? If so, please describe: _____

6. Is child currently under the care of a doctor? Yes _____ No _____ If so, for what reason? _____
7. Any history of mental retardation? Yes _____ No _____
8. Any history of convulsions? Yes _____ No _____
9. Any history of diabetes in family? Yes _____ No _____
10. Any history of heart trouble? Yes _____ No _____

Parent's Signature/ Date

Physical Examination: Must be completed, dated, and signed by child's physician. (Physician may complete own form.)

Physician's name: _____ Clinic or Hospital: _____

Weight _____ Height _____ Heart _____ GU _____
Chest _____ Throat _____ Neck _____ Abdomen _____
Ext. _____ Neurological System _____ Teeth _____
Skin _____ Head _____ Eyes _____ Ears _____

Results of Tuberculin Test, if given? Type _____ Results _____
Should activities be limited? _____
Recommendations? _____

Immunization History –Please attach-

_____ Date

_____ Physician's Signature

(Additional comments can be made on the back of this form.)