



**MEDICAL INFORMATION FORM (2019-20)**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Office Phone \_\_\_\_\_

**Please answer each question or respond N/A**

Allergies \_\_\_\_\_

Has your child been **diagnosed** with health problems, impairments, or other special needs? \_\_\_\_\_

Has this child suffered seizures? \_\_\_\_\_ Explain \_\_\_\_\_

Has child been hospitalized during the past 12 months? \_\_\_\_\_ Explain \_\_\_\_\_

Is child currently taking medication? \_\_\_\_\_ Explain \_\_\_\_\_

Is child physically able to participate in a day care program? \_\_\_\_\_

If not, please list any activities which should be excluded \_\_\_\_\_

Does child require a special diet? \_\_\_\_\_

Other health or developmental concerns? \_\_\_\_\_

Immunizations	Birth	3 Months	5 Months	7 Months	12 Months	18 Months	3 Years	4 Years
DTO/DTap/DT								
HIB								
Polio								
MMR								
Varicella								
Hep B								
Hep A								

**\*PLEASE ATTACH A CURRENT SHOT RECORD.**

**Please complete the following for children who are 4 or 5 years old.**

Hearing Screening: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Pass \_\_\_\_\_ Fail

Rescreen Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Pass \_\_\_\_\_ Fail

Vision Screening: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Pass \_\_\_\_\_ Fail

Rescreen Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Pass \_\_\_\_\_ Fail

Speech Screening: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Optional) \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Name of Test: \_\_\_\_\_

\_\_\_\_\_  
Signature of Screener if other than Physician

**Physician's Statement:** I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Parent Statement:** My child has been examined within the past year by a health care professional and is able to participate in the day care program.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date