

Health Record

(To be completed by Physician or qualified health professional)

Child's Name _____ Date _____

Child's Birth Date _____ Age at Exam _____

Height _____ Weight _____

General Physical Condition _____

Date and result of Tuberculin test (if given): _____

Other: _____

Dates when child had: German Measles (Rubella) _____

Regular Measles (Rubeola) _____

Chicken Pox _____

Whooping Cough _____

Mumps _____

Does child have special health problems (hay fever, asthma, allergies, etc)? Yes _____ No _____

If yes, specify: _____

Has child had any serious illnesses or injuries? Surgery? Yes _____ No _____

If yes, specify: _____

How frequently does child have:

Colds _____

Diarrhea _____

Vomiting _____

Earache _____

Sore Throat _____

Constipation _____

Other: _____

The afore mentioned child has been examined and found to be in satisfactory physical condition and may be admitted to The Clifton School without endangering the health of the group.

Signed: _____

(Physician or other qualified health provider)

Address: _____

Telephone: _____

******Please attach Child Care Immunization Certificate******