WE'RE ON FACEBOOK!

Teachers Pets Preschool

307 Hawkins Ave
Lake Ronkonkoma, New York 11779
631 467-8687 E-mail: myteacherspets@aol.com
www. Teacherspetspreschool. com

Medical Form

To be Completed by Physician, Physician Assistant or Nurse Practitioner. Form Must be Current.

Childs Name_____ Date of Birth_____

Date of **Most Recent** Examination_____(**New York State Requires school age children to have a yearly exam)**

Are there Allergies? Yes____No____ _____
(specify what type)
Is Medication regularly taken? Yes____No____ _____
(specify Drug & Condition)
Is a Special Diet required? Yes____No____ _____
(specify diet and condition)
Are there any hearing, visual Yes____No____ _____
or dental conditions requiring attention?
Are there any medical or Yes____No____ _____
developmental conditions requiring special attention?

Immunizations

Please fill out or attach child's immunization records. New York State requires children to be up-to-date on all shots before they can attend school. If one or more of the required immunizations is deemed detrimental to this child's health, attach medical exemption certificate specifying which immunizations on the back of this form.

DTAP	1st	2nd	3rd	4th	5th
Polio	1st	2nd	3rd	4th	
Measles,Mumps,Rubella	1st	2nd	3rd		
Hepatitis B	1ST	2ND	3RD		
HIB	1st	2nd	3rd		
Varicella					
PCV	1st	2nd	3rd	4th	
Other					
Other					

Summary of Physical Exam (including any special recommendations)

_____

_____

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that (s)he is free from contagious and communicable disease ____Yes ____No and is able to participate in school ____Yes ____No

_____ _____
Name (Please Print) Address

_____ _____
Signature of Examiner City , State, Zip

_____Date _____Phone