Soapstone Preschool
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SOAPSTONE PRESCHOOL
CHILDREN'S MEDICAL REPORT

Name of Child _____Child's Birthdate _____
Name of Parent or Guardian_____ Home Phone _____
Address of Parent or Guardian _____

A. **Medical History** (May be completed by parent or guardian)

1. Is child allergic to anything? No_____ Yes _____ If yes, what? _____
2. Is child currently under a doctor's care? No _____ Yes _____ If yes, for what reason? _____
3. Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____
4. Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and for what? _____
   _____
5. Any history of significant previous diseases or recurrent illness? No ____ Yes ____
   diabetes? No ____ Yes ____
   convulsions? No ____ Yes ____
   heart trouble? No ____ Yes ____
   asthma? No ____ Yes ____
   If others, what/when? _____
6. Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe: _____
   _____
   Any mental disabilities? No _____ Yes _____ If yes, please describe: _____
   _____

**** Signature of Parent or Guardian** _____ **Date** _____

B. Physical Examination: This examination must be completed and signed by a licensed physician or other appropriate health care personnel.

Height_____ ft._____in. percentile _____% Weight_____ lbs. percentile _____%

Head_____ Eyes_____ Ears_____ Nose_____ Teeth_____ Throat_____ Neck_____

Heart_____ Chest_____ Abd/GU_____ Ext_____ Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type_____ Date _____ Normal _____Abnormal _____

Should activities be limited? No_____ Yes_____ If yes, explain _____
Any other recommendations? _____
_____

**** Signature of authorized physician/title**_____ **From** _____
Office Name

Date of Examination (between 8/31/22-8/30/23) _____ **Phone #** _____

C. Immunization History: The health official must provide the date immunization was received. Check if attached ☐

Vaccine	#1	#2	#3	#4	#5
DTP					
Polio					
Hib					
MMR					
Hepatitis B					
Varivax					
Hep A					
Other					