MEDICAL STATEMENT ● Grove Park Chapel Preschool ● 605 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 developmental delays? 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

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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- _____ _____

Physician's Signature Date

(Please attached additional comments)