

Early Learning Center

Hockessin United Methodist Church
7250 Lancaster Pike
Hockessin, DE 19707
Phone: (302) 239-3033 Fax: 239-3036

HEALTH RECORD

SECTION A--To be completed by the parent before physical examination

Name _____ Sex _____ Birth Date _____
Address _____
Phone _____

Allergies

Foods _____ Drugs _____
Other _____

Illnesses and Health Problems--Check and give additional information if necessary

Chickenpox _____	Frequent Colds _____	Diabetes _____
Measles _____	Frequent Tonsillitis _____	Convulsive Disorders _____
Rubella _____	Hearing Difficulty _____	Heart Trouble _____
Mumps _____	Speech Difficulty _____	Orthopedic Difficulty _____
Whooping Cough _____	Vision Difficulty _____	Nephritis _____
Rheumatic Fever _____	Allergies _____	Fainting _____
Tuberculosis _____	Asthma _____	Other _____

Additional Information About Your Child--Include accidents, operations, etc.

Immunization Dates--include month, day, year

DTP/DTaP 1/DT _____	POLIO 1 _____	MMR 1 _____	HIB 1 _____	PCV 1 _____
DTP/DTaP 2/DT _____	POLIO 2 _____	MMR 2 _____	HIB 2 _____	PCV 2 _____
DTP/DTaP 3/DT _____	POLIO 3 _____	Hep B-1 _____	HIB 3 _____	PCV 3 _____
DTP/DTaP 4/DT _____	POLIO 4 _____	Hep B-2 _____	HIB 4 _____	PCV 4 _____
DTP/DTaP 5/DT _____	POLIO 5 _____	Hep B-3 _____	Varicella _____	

SECTION B--To be completed by examining physician

* TB Screening _____

* Lead Screening _____

General Appearance

X - Within Normal Limits

O - See Remarks Below

Scalp-Skin _____	Throat _____	Extremities _____	Lungs _____
Hearing _____	Teeth _____	Ear, Nose _____	Eyes _____
Genitalia _____	Vision _____	Blood Pressure _____	Nervous System _____
Heart _____	Abdomen _____	Neck/Glands _____	Height _____ Weight _____

Positive Findings and Recommendations--include any additional pertinent history; list any limitations for preschool setting.

Physician's Signature _____ Date of Exam _____

Physician's Printed Name _____

Physician's Address & Phone _____