

**Summer4Kids Medical Information Form**

Name \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**HEALTH HISTORY** (State date and describe in comments)

Allergies: insects, foods, environmental \_\_\_\_\_

Asthma		Hepatitis		Pneumonia	
Chicken Pox		Lyme Disease		Seizures	
Diabetes		Mononucleosis		Skin Problems	
Drug Sensitivities		Neuromuscular		Strep	
Heart Disease		Nosebleeds		Other	
Headaches		Otitis Media		Other	

Comments \_\_\_\_\_

Did this child have any operations or injuries? \_\_\_\_\_

Is this child receiving any medication or therapy? If so, please indicate type, dose, reason and duration. \_\_\_\_\_

Are there any educational or physical restrictions on this child's program or activities? \_\_\_\_\_

**PHYSICAL EXAM**

Please describe any physical problems found. \_\_\_\_\_

Results of scoliosis exam. \_\_\_\_\_

**IMMUNIZATIONS:** Please enter **MONTH, DAY, YEAR** (if not in school file)

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
DPT, DT*, Td.DTaP Indicate kind						
Polio (OPV, IPV) indicate kind						
MMR			(MUST BE AFTER AGE 1)			
Haemophilus b (HIB)						
Hepatitis B (HBN)						
Varicella						

Other \_\_\_\_\_

**\*DT requires a valid medical exemption**

**Tuberculin Test (Must be Mantoux)** - Required only for students entering from out of state.

Date \_\_\_\_\_ Result \_\_\_\_\_

Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_