

**DAVIDSON COLLEGE PRESBYTERIAN CHURCH
WEEKDAY PRESCHOOL**

PO Box 337 Davidson, NC 28036
704-655-1271 fax: 704-892-5956

HEALTH FORM

(to be completed and signed by the child's physician)

Name of child: _____

General physical condition: _____

Operations: _____

Serious Accidents: _____ Dates: _____

Serious Illness _____ Dates: _____

Allergies: _____

Are there any usually frequent problems (ear infections, etc.)? _____

Condition of teeth: _____

Is there any special medical situation of which the school should be aware (emotional, behavior, hearing, vision, muscular, etc.)?

Date of last examination _____ Date of last TB test: _____

IMMUNIZATIONS (vary by age)

DPT _____

POLIO _____

MMR _____

HIB _____

HEP B _____

VARIVAX _____

I certify that the above-named child received the listed vaccines on these dates and is up-to-date on his/her immunizations.

Date: _____ Physician's Signature _____

Address: _____

DCPC Weekday Preschool requires all students to have their immunization shots up to date. We do not accept any exemptions. Please initial below stating that you understand your child must have all of their shots up to date to attend DCPC Preschool. _____ (parent initials) _____ (date)

