

**CHRISTIAN NURSERY SCHOOL
CHRIST LUTHERAN CHURCH
Wantagh, NY**

MEDICAL FORM

Name of Child _____

If your child has had any of the following, please circle:

- | | | |
|-------------|---------------|----------------|
| Chicken Pox | Diabetes | German Measles |
| Epilepsy | Diphtheria | Polio |
| Measles | Heart Disease | Tuberculosis |
| Mumps | Asthma | Allergies |

If any of the following apply, please answer: (additional space is provided on the back on the back of this form)

Are There Any Other Illnesses Or Chronic Conditions That The Christian Nursery School Should Be Aware Of?

Operations or Any Serious Injuries:

Please List All Allergies:

(If EpiPen needs to be available, please have Food Allergy Action Plan completed with this medical)

Please List Any Medications Being Taken:

EXAMINATION

Date of Birth _____

Date of Examination _____

- | | |
|----------------|------------|
| Eyes | Ears |
| Lymph Nodes | Thyroid |
| Nose | Tonsils |
| Teeth | Heart |
| Lungs | Hernia |
| Genito-Urinary | Skin |
| Nervous System | Orthopedic |
| Speech | |

PHYSICIANS REPORT

Please attach immunization record.

Additional Comments:

I feel that this child is in good physical health and may attend Nursery School.

M.D.