

# Olivet Preschool

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Evansville, IN  
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## Medical Report

*Note: This form must be completed and signed by your child's physician and returned before your child starts school. Thanks!*

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ PHONE # \_\_\_\_\_

### Record of Required Immunizations

Month-Day-Year

HepB \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DTaP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hib \_\_\_\_\_  
\_\_\_\_\_

PCV \_\_\_\_\_

IPV \_\_\_\_\_  
\_\_\_\_\_

Influenza \_\_\_\_\_  
\_\_\_\_\_

MMR \_\_\_\_\_

Varicella \_\_\_\_\_

HepA \_\_\_\_\_  
\_\_\_\_\_

### Diseases and Conditions

Date

Whooping Cough \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

Rubella ( 3day) \_\_\_\_\_

Mumps \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Poliomyelitis \_\_\_\_\_

Hepatitis \_\_\_\_\_

Epilepsy \_\_\_\_\_

Nose Bleeds \_\_\_\_\_

Asthma \_\_\_\_\_

Eczema \_\_\_\_\_

HIV \_\_\_\_\_

Allergies (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of severe illness, injuries or surgeries: \_\_\_\_\_

Physician's Recommendations:

This child is physically fit to participate in a preschool program: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Physician's signature (MD)

\_\_\_\_\_  
Date

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