

Epworth Preschool  
3002 Hope Valley Road  
Durham, NC 27707  
(919) 489-6098

## Children's Health Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physical Examination:

A physical exam must be completed and signed by a licensed physician or his authorized agent, certified nurse practitioner, or a public health nurse. Exam must be within 12 months of starting date of preschool.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

General, Overall Physical Health: \_\_\_\_\_

Developmental Evaluation:  Age Appropriate  Delayed

If delayed, note significance and school recommendations: \_\_\_\_\_

Limitations or Activity Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Action Plan for allergies, asthma or other health conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Comments/Recommendations: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

### Immunization History:

Enter the date of immunizations below (MM/DD/YY) or attach a copy of the immunization record.

VACCINE	#1	#2	#3	#4	#5
DTP/ DT (circle one)					
Polio					
Hib					
Hep B					
MMR (combined)					
Chicken Pox					
Other					
Other					