



Robinhood Road Baptist Church Preschool

5422 Robinhood Road Winston-Salem, NC 27106

336.924.4241 www.robinhoodroadbaptist.org

CHILD'S HEALTH RECORD

Child's Name: _____ Date of Birth: _____

MEDICAL HISTORY

Has your child ever had any of the following illnesses? Check all that apply and give dates of occurrence.

Measles _____ Mumps _____ Chicken Pox _____ Flu _____

Whooping Cough _____ Meningitis _____ Convulsions _____

Is there evidence of any of the following? Please explain:

Hearing loss or difficulties? _____

Vision loss or difficulties? _____

Speech loss or difficulties? _____

List any of the following in detail:

Hospitalizations _____

Operations: _____

Other Serious Illnesses _____

Does your child have any allergies? Yes _____ No _____

If yes, please explain: _____



CHILD'S HEALTH RECORD (cont.)

Child's Name: _____ Date of Birth: _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN:

Immunizations (give dates). You may attach a copy of immunization records from your child's physician:

DPT _____ or Diphtheria _____ Whooping Cough _____ Tetanus _____
Poliomyelitis _____ Measles (Rubeola) _____ Rubella _____
Chicken Pox _____

All immunizations are up to date: Yes _____ No _____

If no, indicate reason: _____

Date of last exam: _____

Results of Tuberculin Skin test or Chest X-ray: _____

Is the child free from communicable disease? Yes _____ No _____

List any medications and drugs taken regularly by the child: _____

Other remarks regarding physical condition: _____

The above information is correct to the best of my knowledge.

Physician's Signature: _____

Address: _____

Phone: _____

Date: _____