

FIRST LUTHERAN CHURCH  
School For Young Children  
3600 West Friendly Ave. Greensboro, N.C. 27410  
Telephone: 294-0676

**MEDICAL INFORMATION**

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

BIRTH DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
month/day/year

Date of Examination \_\_\_\_\_

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

GENERAL APPEARANCE: Code: (0) Satisfactory (X) Needs Attention

Head \_\_\_\_\_ Ears \_\_\_\_\_ Eyes \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Adenoids \_\_\_\_\_ Tonsils \_\_\_\_\_  
Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_ Extremities \_\_\_\_\_ Genitalia \_\_\_\_\_

Congenital Malformations \_\_\_\_\_

Behavioral Characteristics \_\_\_\_\_

Sleeping Habits \_\_\_\_\_ Convulsions \_\_\_\_\_

Allergies \_\_\_\_\_

Drug Sensitivity \_\_\_\_\_ Stools \_\_\_\_\_

INNOCULATIONS: (Indicate dates of immunizations)

DPT: (Diphtheria, Whooping Cough, Tetanus) \_\_\_\_\_

MMR: (Measles, Mumps, Rubella) \_\_\_\_\_

Polio: \_\_\_\_\_

Hib: \_\_\_\_\_

Hep B: \_\_\_\_\_

CHILDHOOD DISEASES ALREADY CONTRACTED: (Please List) \_\_\_\_\_

I recommend this child for school: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are there any precautions?

Date: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**\*\*\*As required by law, this form must be turned in to SFYC by the last school day in September.\*\*\***