

**FIRST PRESBYTERIAN WEEKDAY PRESCHOOL**  
**Medical History and Physical Examination Report**  
**SCHOOL YEAR 2018 -- 2019**  
**TO BE COMPLETED BY PHYSICIAN AND RETURNED WITH THE**  
**GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231 (3/2007)**

Child's Name: \_\_\_\_\_

                    First  Middle  Last  
Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female \_\_\_  
                    Mo/Day/Yr

**Parents: please complete**

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Has your child had any serious illness, injury, surgery, or hospital stay? Please explain.

\_\_\_\_\_

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**Physician: please complete**

Has this child been recommended for and/or received professional assistance for any  
health \_\_\_\_\_ language \_\_\_\_\_ speech \_\_\_\_\_  
psychological \_\_\_\_\_ emotional \_\_\_\_\_ developmental \_\_\_\_\_ or educational  
issues \_\_\_\_\_?

Please circle any present health concern:

Insect allergy / food allergies / other allergies / asthma / cardiac difficulties Diabetes / congenital anomalies /  
emotional problems / urinary difficulties/Hearing / vision / seizures / abnormal bleeding

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

Explain: \_\_\_\_\_

Any medication and dosage list: \_\_\_\_\_

Student Limitations teachers should know: \_\_\_\_\_

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I have examined the above-named child and found him/her to be in satisfactory health and free of  
communicable disease.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**YOUR CHILD WILL NOT BE ABLE TO ENTER SCHOOL WITHOUT A COMPLETE 2018-2019 HEALTH FORM  
AND A GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231.**