

FIRST PRESBYTERIAN WEEKDAY PRESCHOOL
Medical History and Physical Examination Report
SCHOOL YEAR 2019 - 2020
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.

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: _____

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.**