

**FIRST PRESBYTERIAN WEEKDAY PRESCHOOL  
Medical History and Physical Examination Report  
SCHOOL YEAR 2017 -- 2018  
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.  
Has your child been recommended for and/or received professional assistance for any  
health \_\_\_\_\_, language \_\_\_\_\_, speech \_\_\_\_\_,  
psychological \_\_\_\_\_, emotional \_\_\_\_\_, developmental \_\_\_\_\_,  
or educational issues \_\_\_\_\_?

**Physician: please complete**

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:

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Student's 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  
2017-2018 HEALTH FORM AND A GEORGIA CERTIFICATE OF IMMUNIZATION  
FORM 3231.**

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