winton road
nursery school

MEDICAL HISTORY

Child's Last Name: _____ Child's First Name: _____

Home Address: _____ Date of Birth: _____

Medical Insurance Company: _____

Policy # _____ Name of Subscriber: _____

TO BE COMPLETED BY PARENT -- Past History

☐ Chicken Pox	☐ Allergies	☐ Glasses or Contacts	☐ Visual Defects
☐ Asthma	☐ Seizures	☐ Hearing Problems	☐ Absent Organ
☐ Operations	☐ Serious Accidents	☐ Heart Disease	☐ Fractures, Dislocations
More detail on above:			
Other significant illnesses or handicapping conditions:			
Current medications:			

TO BE COMPLETED BY PHYSICIAN -- Physical Examination

Height	Weight	Blood Pressure	Vision R	Vision L	Hearing R	Hearing L

Please note any abnormalities in the following systems:

Head, Ears, Nose, Throat _____ Color Vision _____ Musculoskeletal _____

Respiratory _____ Eyes _____ Metabolic, Endocrine _____

Cardiovascular _____ Hernia _____ Neurophychiatric _____

Gastrointestinal Genitourinary Teeth

Skin (including Lymph Nodes) _____

General Condition _____

Immunizations given since last exam _____

Should this child have restrictions in play or physical activities? _____

Reasons or Recommendations _____

In your opinion, does this child have a handicapping condition? _____

If so, please specify _____

_____ _____

Signature of Examining Physician Date of Exam

_____ _____

Print Name of Examining Physician Address

220 Winton Road South Rochester, New York 14610 585-442-8340