Discoveries

Medical Form for School

Child's Teacher/Grade:_____ Today's Date_____

Child's Name: _____ Date of Birth:_____

Date of Examination:_____ Child's current weight_____

Medical History

Does the child have any of the following:

allergies?_____ a history of asthma?_____

special dietary requirements?_____ hearing or visual impairments?_____

developmental delays?_____

If answered yes to any of the above please explain below:

_____

Does the child take any medication on a regular basis?_____

Are there any other medical conditions the school should be aware of? Explain.

_____

Based on your findings is this child in good health and able to participate in school?_____

Signature of Examiner:_____

Please stamp here:

***Please attach a copy of the child's immunization record to the medical form.**