

Lenape Valley Nursery School Health History Record

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_

LIST ANY ALLERGIES \_\_\_\_\_

\_\_\_\_\_

LIST ANY MEDICATIONS CURRENTLY TAKEN FOR ONGOING CONDITION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY ILLNESSES, OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD RECEIVE PRIVATE OR COUNTY SERVICES WE SHOULD BE AWARE OF? PLEASE LIST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAND YOUR CHILD TENDS TO USE \_\_\_\_\_

INDOOR ACTIVITIES YOUR CHILD ENJOYS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OUTDOOR ACTIVITIES YOUR CHILD ENJOYS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ON THE OPPOSITE SIDE PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD FROM THE DOCTOR'S OFFICE OR FILL IN THE DATES.

## IMMUNIZATION RECORD

VACCINE	MONTH, DAY AND YEAR GIVEN				
DtaP	1 _____	2 _____	3 _____	4 _____	5 _____
Pneumonia	1 _____	2 _____	3 _____	4 _____	
MMR	1 _____	2 _____	3 _____	4 _____	5 _____
HIB	1 _____	2 _____	3 _____	4 _____	
Hepatitis B	1 _____	2 _____	3 _____		
IPV(polio)	1 _____	2 _____	3 _____	4 _____	
VARIVAX(chicken pox)	_____				