

FIRST METHODIST SCHOOL

**(MAILING ADDRESS) 403 SOUTH MAIN
DUNCANVILLE, TX 75116
Phone 972-298-5890 Fax 469-533-2372**

MEDICAL RECORD FOR:

CHILD'S NAME _____ BIRTHDATE _____

HOME ADDRESS _____ EXAM DATE _____

LIST OF IMMUNIZATIONS AND TESTS GIVEN:

DTaP/DT1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Td _____

OPV/IPV (Polio)1. _____ 2. _____ 3. _____ 4. _____

HEPATITIS B(HBV)1. _____ 2. _____ 3. _____ HEPATITIS A (HAV)1. _____ 2. _____

MEASLES _____ M/M/R 1. _____ 2. _____

HIB1. _____ 2. _____ 3. _____ 4. _____ T.B.TEST _____

PNEUMOCOCCAL (PCV7)1. _____ 2. _____ 3. _____ 4. _____

VARICELLA VACCINE1. _____ 2. _____ OTHER _____

HEALTH INFORMATION:

1. Is this child physically and mentally able to participate in group activities? _____
2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activity or any other chronic condition? _____
3. Is this child free of contagious disease? _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S ADDRESS _____ PHONE # _____