ABERDEEN COUNTRY DAY
Health Record

Child's Name ______________________________________ **Date of Examination** ________

PART I: History (to be completed by parent or medical staff)
Has the child had any of the following conditions? What year?

Measles _____________________ Mumps ______________________

Chicken Pox __________________ Scarlet Fever _________________

Whooping Cough ______________ Poliomyelitis __________________

Diphtheria ____________________ Diabetes _____________________

Rheumatic Fever ______________ Hernia ________________________

Epilepsy _____________________ Otitis Media ___________________

Heart Disease ________________ Convulsions ___________________

Pneumonia ____________________ Mental Retardation ______________

Abnormal Development _________ Birth Complications ______________

Handicaps ____

Allergies ____

Birth Weight _________________ Was pregnancy full term? ___________

Immunizations (please list initial date and any boosters or **copy of immunization record**)

DTP ____

MMR ____

Polio ____

HIB ____

Hepatitis B ____

Influenza ____

TD ____

Tine/Mantoux ____

Other ____

PART II: REULTS OF EXAMINATION (to be completed by physician)

Scalp ________________________

Eyes and vision __________________

Ears and hearing _________________

Nose _____________________________

Teeth and mouth ____________________

Throat ______________________________

Neck _______________________________

Lymph glands ________________________

Spine ______________________________

Lungs ______________________________

Height _____________________________

Heart __________________________

Pulse __________________________

Abdomen _______________________

Genitalia _________________________

Extremities _______________________

Reflexes ________________________

Rectum __________________________

Skin ______________________________

Thorax ___________________________

Other ____________________________

Weight ___________________________

Please indicate any conditions which might affect this child in child care (camp) or any condition of which the child care (camp) staff should be aware:

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Recommendations:

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The above named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases.

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Signature Date

____

Address