

**Dunwoody United Methodist Church Preschool
Medical History and Physical Examination Report**

SCHOOL YEAR 2010-2011

TO BE COMPLETED BY PHYSICIAN AND RETURNED WITH THE
GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231 (3/2007)

TO BE COMPLETED BY PARENT:

Child's Name: _____

First Middle Last

Date of Birth: _____ Height _____ Weight _____ Sex ___ Male ___ Female
Mo/Day/Yr

Physician's name: _____ Phone: _____

Address _____

Has your child had any serious illness, injury, surgery, or hospital stay? Please explain on separate sheet. Has your child been recommended for and/or received professional assistance for any of the following issues:

Health _____ Vision _____

Hearing _____ Language _____

Speech _____ Psychological _____

Emotional _____ Developmental _____

Educational _____ Behavioral _____

TO BE COMPLETED BY PHYSICIAN: Please indicate any present health concerns:

Allergies (please specify) _____

Asthma _____ Cardiac _____

Diabetes _____ Congenital Anomalies _____

Emotional _____ Urinary Difficulties _____

Hearing _____ Vision _____

Behavioral _____

Explain: _____

List any medication(s) and dosage(s):

Student's limitations teachers should know:

I have examined the above-named child and found him/her to be in satisfactory health and free of communicable disease. In my opinion, he/she is in suitable physical condition to participate in Preschool/MMO activities

Signature of Physician

Date

**YOUR CHILD WILL NOT BE ABLE TO ENTER SCHOOL WITHOUT A COMPLETE 2010-2011
HEALTH FORM AND A GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231.**

770.394.6003 Fax

770.394.2555 Phone