

Setauket Presbyterian Preschool
5 Caroline Avenue, Setauket, NY 11733

Health Record

To be completed by parent or guardian:

Child's Name _____ Date of Birth _____ Sex _____

Address: _____

Name of Child's Physician _____ Physician Phone _____

To be completed by Physician:

Medical History

Chicken Pox _____ Rheumatic Fever _____

Measles _____ Heart Disease _____

German Measles _____ Polio _____

Mumps _____ Pneumonia _____

Diphtheria _____ Tuberculosis _____

Whooping Cough _____ Allergies _____

Operations _____ Other _____

Immunization Dates

Triple Vaccine _____ Measles _____

Tuberculin Test _____ Mumps _____

Polio - Salk/Sabin _____ Rubella _____

Chicken Pox _____ HiB _____

Hepatitis B _____ Other _____

Has this child any physical, mental, or emotional handicaps which may affect his or her participation in a preschool program? If so, please explain.

Signature of Physician _____ Date _____