

North Shore Nursery School

90 Plandome Road Manhasset, NY 11030
Telephone: 516-365-7244 Fax: 516-869-5788
www.nsnurseryschool.org

HEALTH RECORD

DATE OF EXAM _____
Child's Name _____ Telephone # _____
Address _____
Birthdate _____ Sex _____ Height _____ Weight _____

Immunization Record (Required for School Attendance - Please list Month, Day, Year)

Dose #1 Dose #2 Dose #3 Dose #4
DPT (Diphtheria, Pertussis, Tetanus) / / / / / / / /
OPV/IPV (Polio Vaccine) / / / / / / / /
Hepatitis B / / / / / / / /
HIB (Haemophilus Influenza Type B) / / / / / / / /
MMR (Measles, Mumps, Rubella) / / / / / / / /
Pneumococcal / / / / / / / /
Chickenpox Vaccine (Varicella) / /
Lead Screening / / _____

Significant History (Indicate Year) ---- MUST BE COMPLETED--- Allergies

(List): _____ Foods: _____
Medication: _____ Treatments: _____
Convulsive Disorders: _____
Medication: _____
Serious Illness: _____
Infectious Disease: _____
Operations: _____
Medications Currently Taking: _____
Other: _____

Examine and Complete: Is hearing within normal limits? _____

Is vision within normal limits? _____

Are teeth within normal limits? _____

Are there any physical or emotional problems, which the school should be aware of? If yes, please detail on back. _____

I have examined this child on the above date and in my opinion he/she is in good physical condition and able to participate in the nursery school's activities.

PHYSICIAN'S SIGNATURE _____

ADDRESS _____

TELEPHONE _____ Physician should affix stamp