



### Physical Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

General Physical Appearance \_\_\_\_\_

\_\_\_\_\_

#### Health Examination

1) \_\_\_\_\_ A complete physical examination was given on \_\_\_\_\_

2) \_\_\_\_\_ A current examination was waived due to \_\_\_\_\_

Tests	Date	Results
Tuberculin skin or chest x-ray	_____	_____
Other (specify)	_____	_____

#### Immunizations

A DHEC form 1112 is required upon enrollment. This form is available only form your doctor or local health department.

#### Medical History

Chicken Pox (year) \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

T.B./T.B. Contact (year) \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_

#### Child's Physical Limitations, Special Needs, or Disabilities

(For example: allergy, diabetes, heart disease, H.I.V., Hepatitis, Epilepsy, or hospitalization in the past 12 months, and any medication prescribed for long term, continuous use).

Allergies (List) \_\_\_\_\_

Routine Medications \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Disabilities \_\_\_\_\_

Others \_\_\_\_\_

#### Physician's Recommendation

This child may be admitted to a group child care facility. Yes ( ) No ( )

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_