



Health Record

(This report is to be filled out by a licensed physician, physician's assistant, or nurse practitioner who has seen the child within the last 12 months.)

Child's name: _____ Sex: _____

Birth date: _____ Address: _____

Past illnesses (Check those the child has had and give approximate dates.)

- | | | | |
|--|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Rubeola | <input type="checkbox"/> Rubella | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other |

This child is is not physically or emotionally able to participate in the Wee

Disciples Preschool program. Comments: _____

Surgery/accidents/illness/chronic or handicapping problems: _____

Describe any physical condition requiring special attention by the Wee Disciples staff:

Medication(s) prescribed: _____

Allergies that staff should be aware of: _____

Prescribed routine: _____

Lead Screening/Test: _____

Diabetes Screening: _____

Tuberculin test given: Yes No Date: _____ Result: _____

Height: _____ Weight: _____

Dental: No visible decay Decay present Exam recommended

Date of my most recent examination of child: _____

Signature of licensed physician, physician's assistant, or nurse practitioner Date

Please print physician's name and address

A copy of your child's immunization record must also be included.

*Vision and Hearing Screening: In the state of Illinois Vision and Hearing Screenings are required for preschool children 3 years of age or older in private educational programs. Public Health will complete a vision and hearing screening during the school year at a cost of \$25 unless the child has a completed and signed report form indicating vision and hearing have been checked by an optometrist and audiologist. Please submit appropriate forms in lieu of the Vision and Hearing Screening at Wee Disciples Preschool.

Please return to:

*Wee Disciples Preschool
701 E. Florida Ave.
Urbana, Illinois 61801*