



KIRKWOOD UNITED METHODIST PRESCHOOL
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

CHILD'S NAME

BIRTHDATE

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

DOSE	DTap/DT	Hib	PCV7	POLIO	HEPATITIS B	MMR	Td	HEPATITIS A	INFLUENZA	OTHER
1										
2										
3										
4						VARICELLA				
5					HBIG	1				
6						2				

ADVERSE REACTIONS

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

ADDRESS AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (PLEASE USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)

TELEPHONE NUMBER