

Annual School Medical Report



Meredith Drive Preschool
5128 Meredith Dr.
Des Moines, IA 50310
Fax # 515-276-8328

Child's Name: _____ Birth date: _____

Mark with an **X** if the child has had any of the following illnesses

Allergy _____ (allergic to _____) Chicken pox _____
Whooping Cough _____ Diabetes _____ Epilepsy _____ Rheumatic fever _____
Rubella _____ Measles _____ Mumps _____ Tuberculosis _____

Physical Examination **X = normal limits** (otherwise describe if referral was made today)

Height _____	Weight _____	Last Blood Lead level _____
Appearance _____	Eyes/Vision _____	
Ears/Hearing _____	Oral/Teeth _____	
Nose _____	Throat _____	
Heart _____	Lungs _____	
Skin/Lymph Nodes _____	Neurological _____	

Does the child have any chronic diseases? If so, what? _____

Is the child on medications? _____

Developmental Screening **X = normal limits** (otherwise describe if referral was made today)

Personal/Social _____	Language/Speech _____
Gross Motor _____	Fine Motor _____

Health Provider Assessment Statement

_____ This child may participate in a developmentally appropriate preschool with **NO** health restrictions.
_____ This child may participate in a developmentally appropriate preschool **with these restrictions:**

_____ Date of Exam _____ Physician's Signature