

# MEDICAL INFORMATION FORM

Form necessary for PROVIDENCE and BARRINGTON programs ONLY.  
Please copy this form for EACH additional child attending the program.

*You may substitute **doctor's form** for this one.*

Student Name \_\_\_\_\_

## Immunization UPDATE

### Physical Exam:

DTP/Td/DT \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

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

B/P \_\_\_\_\_ Pulse \_\_\_\_\_

Respiration \_\_\_\_\_

Visual Acuity: Right \_\_\_\_\_ Left \_\_\_\_\_

Polio \_\_\_\_\_

Hearing \_\_\_\_\_

Scoliosis \_\_\_\_\_

Other physical findings: \_\_\_\_\_

MMR \_\_\_\_\_

Allergies \_\_\_\_\_

Allergic Response \_\_\_\_\_

PPD \_\_\_\_\_

Treatment \_\_\_\_\_

Hib \_\_\_\_\_

Is s/he able to participate in all summer program activities, including recess and related sports?

Yes  No

*(If "No," please enclose separate explanation with support guidelines)*

Hep B \_\_\_\_\_

Other concerns: \_\_\_\_\_

Varicella \_\_\_\_\_

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

Rotavirus \_\_\_\_\_

Date \_\_\_\_\_

Pb screen \_\_\_\_\_

Physician's Address \_\_\_\_\_

Other ( ) \_\_\_\_\_

Phone \_\_\_\_\_