

# MEDICAL INFORMATION FORM

Form necessary for PROVIDENCE/HAMILTON 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 \_\_\_\_\_

\_\_\_\_\_ PPD \_\_\_\_\_

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

Treatment \_\_\_\_\_

\_\_\_\_\_ Hib \_\_\_\_\_

\_\_\_\_\_

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

Yes  No Hep B \_\_\_\_\_

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

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

\_\_\_\_\_ Varicella \_\_\_\_\_

\_\_\_\_\_

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

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

Physician's Address \_\_\_\_\_ Other ( ) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_