

Medical History
Corner Co-op Nursery School

_____ (child's name) is enrolled in an early childhood program which is licensed by the Department of Early Education and Care. This Department's regulations require that the Medical History and Immunization Form, or an acceptable substitute, be completed and signed by the child's physician or source of health care. A prompt response is appreciated. Evidence of a physical exam is valid for one year from the date of the examination, and must be renewed annually thereafter.

Child's name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parents' or Guardians' Names: _____

Address (if different): _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance?

Has the child been screened for lead poisoning? Yes ___ No ___ If yes, date: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc) which require special consideration or care by the day care provider? If so, please explain:

Other Comments:

Physician's Signature: _____ Date: _____

Please return to Corner Co-op Nursery School, 1773 Beacon Street, Brookline, MA 02445-4299