❑ **Downtown**
Fax: 713-582-9731
❑ **Clear Lake**
Fax: 281-488-6667

School of Downtown

❑ **Silverlake**
Fax: 281-412-5245
❑ **Pearland**
Fax: 281-997-5808

# MEDICAL FORM

**Child's Name:** _____ **Birth Date:** ___/___/___

**Child's Address:** _____

**Doctor's Name:** _____ **Phone:** _____

**Doctor's Address:** _____

**Office Hours:** _____ **How long has patient been under current doctors care?** _____

**Is your child's shot records on file with** ImmTrac? **YES** ☐ **NO** ☐

| Medical History | YES | NO | If YES, please explain |
|---|---|---|---|
| Any Physical Handicap | | | |
| Any case of hospitalization | | | |
| Any known allergies | | | |
| Any existing illness | | | |
| Any recent exposure to contagious disease | | | |
| Any previous serious injury or illness | | | |
| Any medication prescribed for long-term use | | | |

| **Physical Examination** |
|---|
| **Weight-** |
| **Height-** |
| **Eyes-** |
| **ENT-** |
| **Teeth-** |
| **Hearing-** |
| **Lungs-** |
| **Hernia-** |
| **Ringworm-** |
| **Impetigo** |
| **Other-** |

| **Immunization Record** | **Dates of initial series** | | | | | |
|---|---|---|---|---|---|---|
| **DPT/DT/DTaP** | | | | | | |
| **Oral Polio PVC** | | | | | | |
| **H.I.B.** | | | | | | |
| **Pnue Conj** | | | | | | |
| **Hepatitis B** | | | | | | |
| **MMR** | | | | | | |
| **Varicella** | | | | | | |
| **Hepatitis A** | | | | | | |
| **Other** | | | | | | |

The child examined is limited to any physical activities? Yes ☐ No ☐
If yes, please specify _____
The child examined has been found free of infectious or contagious disease: Yes ☐ No ☐
If no, please specify _____
Tylenol Dosage in case of fever: _____mg.
**I hereby certify that the above Medical Records & Examination are true to the best of my knowledge, and attached are the shot records.**

Date:_____ Doctor's Signature:_____

**To be filled out by parent:** I hereby give permission to my attending physician to release medical records of my above child, required by Montessori School of Downtown.

Date:_____ Parent's Signature**:** _____