

## Medical Info and History

Child's Social Security #:

Home Phone:

Parent/Guardian Name:

Father's Employer & Ph #:

Mother's Employer & Ph #:

Closest Living Relative:

Other's to call:

Child's Physician & Ph #:

Insurance Company:

Policy Number:

List of Allergies:

- 1.
- 2.
- 3.

Genral Medical History:

	Date	Date	Date	Date	Date
Child's Tetanus Shots (or DPT): 5					
Child's Diphtheria Shots (If DPT, list above):5					
Child's Pertussis Shots (If DPT, list above):5					
Child's Measles Sots (or MMR):(2)					
Child's Mumps Shots (If MMR, list above):(2)					
Child's Rubella Shots (If MMR, list above):(2)					
Record of Child's Polio Immunizations: (4)					
Child's HBV (Hepatitis B Vaccine): (3)					
Child's HIB (Hacmophilus Influenza B Vaccine):(4)					
Record of Child's Tuberculosis Skin Test PPD Mantoux:					
Child's Varicella (Chicken Pox) Shot:					