

EARLY CHILDHOOD DEVELOPMENT CENTER PRESCHOOL / KINDERGARTEN / CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R3 / 11-11)

***All child physicals must be submitted to the office no later than 30 days after their first day of enrollment.**

Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, ZIP code)		
Child lives with (relationship)	Name	Telephone number ()

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION

Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
Does this child have any health condition that would be hazardous either to the child or to the other children in a group setting as a result of participation in normal activities (including sports)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

HISTORY OF IMMUNIZATIONS						
Vaccine		(Enter the month, day and year each immunization was given.)				
DTaP/DT*	Diphtheria, Tetanus, Pertussis					
Hib	<i>Haemophilus influenza</i> type b					
IPV*	Polio					
MMR*	Measles, Mumps, Rubella					
Varicella*	Chickenpox			Or Chickenpox Disease (Month/Year):		
PCV*	Pneumococcal Conjugate					
Hep B*	Hepatitis B					
Hep A**	Hepatitis A					
RGE	Rotavirus					
Flu	Influenza					
ADDITIONAL NOTES AND INSTRUCTIONS						

*Indiana law requires all children attending licensed childcare facilities to be immunized against this disease.

**Hep A is required for kindergarten enrollment.

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW	
IN THE EVENT THAT A VACCINE-PREVENTABLE DISEASE TO WHICH CHILDREN ARE SUSCEPTIBLE OCCURS IN THE PROGRAM, UNDER-IMMUNIZED CHILDREN WILL BE PROMPTLY EXCLUDED PER STATE GUIDELINES. (ECDC tuition continues during exclusion)	
MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.	
Signed _____ Date _____ Physician	Medical exemption to the following vaccine(s): <input type="checkbox"/> DTaP <input type="checkbox"/> IPV <input type="checkbox"/> MMR <input type="checkbox"/> VAR <input type="checkbox"/> PCV <input type="checkbox"/> HepB <input type="checkbox"/> Hep A
RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.	
Signed _____ Date _____ Parent / guardian	Religious exemption to the following vaccine(s): <input type="checkbox"/> DTaP <input type="checkbox"/> IPV <input type="checkbox"/> MMR <input type="checkbox"/> VAR <input type="checkbox"/> PCV <input type="checkbox"/> HepB <input type="checkbox"/> Hep A

Name of physician / nurse practitioner completing form (<i>please print</i>)	Telephone number
Signature of physician / nurse practitioner	

Completed forms may be faxed to:

ECDC at Notre Dame
 Phone: (574) 631-3344
 Fax: (574) 631-7808

ECDC at Saint Mary's
 Phone: (574) 284-4693
 Fax: (574) 284-5344