



First Presbyterian Preschool

1328 Peachtree Street ■ Atlanta, Georgia 30309 ■ 404-228-7722 ■ FAX: 404-228-7760

2011-2012 Child Health Form

Child's Name _____ DOB _____

Parent's Name _____

The child named above was examined on _____
Date

At the time of the examination, this child was free of infectious or communicable disease. This child is able to participate in school activities for children age 18 months-5 years at First Presbyterian Preschool.

Allergies _____

Special Needs/Health Problems _____

Are all REQUIRED immunizations up to date? YES NO

If the child has been administered a TB test (recommended but not required), please fill in the date (s) and result below:

TB Skin Test _____ Result _____
Date

IMPORTANT! Please attach a completed Georgia Department of Human Resources Certificate of Immunization (Form 3231).

I certify that the child named above was examined
by me on the date listed above _____

Signature of Licensed Physician/Health Care Provider

_____ Date

Print or Stamp Doctor's Name and Facility Name/Phone number