

CLEARVIEW PREP

P R E S C H O O L

Child's Health Record Form

Due August 1, 2021

ClearView Prep Preschool
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This section to be completed by Parent or Guardian:

Child's full name _____
Date of birth _____ Social Security number _____

List any evidence of

Hearing loss or difficulties? _____
Vision difficulties? _____
Speech difficulties? _____

List any history of

Hospitalizations _____
Operations _____
Other serious illnesses _____
Current medications taking _____
Allergies _____

This Section to Be Completed by Physician :

All immunizations are up-to-date _____ Yes _____
No If no, indicate reason _____
Results of tuberculin skin test (if needed) _____
Other remarks regarding physical condition _____
The above information is correct as of (date) _____

Signature of physician _____ **Phone** _____

Address _____

Immunizations (list dates of latest inoculation or provide certificate of immunization)

DPT _____
Hib/Hep B _____
MMR _____
Polio IPV _____
Varicella _____
Prevnar _____