



CHILD MEDICAL RECORD

Last Name

First Name

M.I.

Date of Birth

Medical Notes (e.g. allergies, vaccine reactions):

IMMUNIZATION					
TYPE	DATE GIVEN (mm/dd/yy)				
DTP					
DTaP					
POLIO OPV/IPV					
MMR					
HIB-d					
Varicella					
Hepatitis A					
Hepatitis B					

HEARING

DATE (mm/dd/yy)	Audiometry Results (Pass/Fail)		Other Tests (Specify)		DATE REFERRED	ACTION TAKEN	
	R	L	R	L	Date	(Aid, Seating, T/A Tubes, etc.)	

VISION

DATE (mm/dd/yy)	DISTANCE ACUITY		WEARS Correction	DATE REFERRED	ACTION TAKEN
	R	L			

Emergency Medical Forms (✓ Grades on File): PreK K 1st 2nd 3rd 4th 5th 6th 7th 8th