

NEW HANOVER PRESBYTERIAN CHURCH PRESCHOOL  
10058 Chamberlayne Road  
Mechanicsville, VA 23116  
(804) 730-9700

**MEDICAL FORM**

(To be completed by child's Physician)

Child's  
Name \_\_\_\_\_

(Last)

(First)

(Middle)

Please indicate any relevant medical information that the Preschool should be aware of in order to better understand this child.

Physical Data (allergies, surgery, medical conditions, etc.)

Mental, Emotional and/or Psychological Data

Please provide the date the series was completed and the date of the last booster for the following:

MMR \_\_\_\_\_

Polio \_\_\_\_\_

DPT \_\_\_\_\_

Tuberculin Test \_\_\_\_\_

Results \_\_\_\_\_

In the best interests of this child and the Preschool, do you recommend admission of this child? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_