

**Magic Kingdom Day Nursery**  
**88 Brooklake Road Florharm Park, NJ 07932**  
**(973) 966-9762 (973) 377-3994 (fax)**

**CHILD HEALTH RECORD**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel# \_\_\_\_\_

In case of emergency  
 call: \_\_\_\_\_

Name Address Tel# Relationship

**IMMUNIZATIONS AND TESTS**

**IMPORTANT: Please document exact dates-must be signed by physician or official agency**

DPT	POLIO	MMR	HIB	Hepatitis B Series	Mantoux Test *	Lead Test *
2 mos.	2 mos	12-15 mos.	2 mos.			
4 mos.	4 mos	4 yrs. **	4 mos.			
6 mos.	6-18 mos.		6 mos.			
15-18 mos.	4 yrs		12-15 mos.		<b>Varicella</b>	
4-6 yrs						

Please Note: Mantoux & Lead Tests are recommended. \*\* Second MMR preferable, but will accept 2nd dose of measles on 4th birthday. The 2 doses of measles must be separated by at least one month.

**MEDICAL HISTORY**

Birth History \_\_\_\_\_

Growth and Development \_\_\_\_\_

Special \_\_\_\_\_

Diet \_\_\_\_\_

Allergies \_\_\_\_\_

Present Illnesses(especially communicable) \_\_\_\_\_

**CHILD PHYSICAL EXAMINATION FOR ADMISSION TO NURSERY**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ General  
 Appearance \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Teeth \_\_\_\_\_ Tonsils \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_ Neurological \_\_\_\_\_ Skin \_\_\_\_\_ Physical/Emotional Handicaps \_\_\_\_\_ Others \_\_\_\_\_

Child is in good health/can attend school and participate in all activities \_\_\_\_\_

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

Address \_\_\_\_\_ Tel.# \_\_\_\_\_