

ADDLESTONE HEBREW ACADEMY

1639 Wallenberg Blvd.
Charleston, SC 29407
Phone: 843-571-1105
Fax: 843-571-6116

Medical Record

Child's Name _____ Date _____
Child's Birthdate _____ Sex _____
Height _____ Weight _____
General Physical Appearance _____

Health Examination

- 1) _____ A complete physical examination was given on _____
- 2) _____ A current examination was waived due to _____

Tests	Date	Results
Tuberculin skin or chest x-ray	_____	_____
Other (specify)	_____	_____

Immunizations

A DHEC form 1112 is required upon enrollment. This form is available only from your doctor or local health department.

Medical History

Chicken Pox (year) _____ Scarlet Fever _____
T.B./T.B. Contact (year) _____ Frequent Ear Infections _____

Child's Physical Limitations, Special Needs or Disabilities

(For example: allergy, diabetes, Heart Disease, H.I.V., Hepatitis, Epilepsy, or Hospitalization in the past 12 months, and any medication prescribed for long term, continuous use.)

Allergies (List): _____
Routine Medications: _____
Dietary Restrictions: _____
Disabilities: _____
Others: _____

Physician's Recommendation

This child may be admitted to a group child care facility. Yes () No ()

Comments _____
Physician's Signature: _____ Date: _____
Address: _____ Phone: _____
Parent's Signature: _____ Date: _____