

**Columbus Academy**  
**Health History for PreK and Early Childhood Programs**  
**Confidential**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Birth Date \_\_\_\_\_

**Immunization Record**-please list the month/day/year or attach separate sheet

DPT	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
HEP B	_____	_____	_____	_____	_____
Varivax	_____	_____	_____	_____	_____

**Physical Exam** (to be completed by child's physician)

HT \_\_\_\_\_ WT \_\_\_\_\_

Please list any abnormal findings: \_\_\_\_\_

Is there any reason this student cannot participate in a full program of school activities?

Yes or No If yes, please explain. \_\_\_\_\_

The above child has been examined and has been found to be free of infections or contagious disease.

Physician's Name (please print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date of exam \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**(students in early childhood and pre-kindergarten programs must have physical exam documented every 12 months)**

**Perinatal History**

Did the mother have any complications during pregnancy or birth? \_\_\_yes \_\_\_no

If yes, explain: \_\_\_\_\_

How old was the mother when the child was born? \_\_\_\_\_

Was the infant born: \_\_\_full term \_\_\_early \_\_\_late Birth weight \_\_\_\_\_

Did the infant have any problems while in the nursery? \_\_\_yes \_\_\_no

If yes, explain: \_\_\_\_\_

**Developmental History**

Please give the approximate age at which this child: walked alone \_\_\_\_\_

was toilet trained \_\_\_\_\_ spoke in sentences \_\_\_\_\_ dressed self \_\_\_\_\_

How does this child's development compare to other children, such as brothers/sisters or playmates? \_\_\_about the same \_\_\_slower \_\_\_faster

This child is usually: \_\_\_very active \_\_\_normally active \_\_\_rather inactive

**Family History**

Please list the child's brothers and sisters

1. \_\_\_\_\_ birth year \_\_\_\_\_ sex \_\_\_\_\_

2. \_\_\_\_\_ birth year \_\_\_\_\_ sex \_\_\_\_\_

3. \_\_\_\_\_ birth year \_\_\_\_\_ sex \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date