

The International Preschool of Warsaw  
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### MEDICAL EXAMINATION FORM

(This form must be completed by a licensed physician before your child can attend preschool.)

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### TUBERCULIN SKIN TEST or BCG:

Type of Test \_\_\_\_\_  
Date \_\_\_\_\_  
Reaction \_\_\_\_\_

Does medical evidence or history of recent exposure warrant a chest X-Ray? Yes/No If yes, was an X-Ray taken? Yes/No (Please provide date of X-Ray Report) \_\_\_\_\_

#### REQUIRED VACCINATIONS:

	Date
DPT Series	_____
MMR Series	_____
POLIO Series	_____
Hepatitis B	_____

Does patient require any medication for chronic illnesses or allergies? \_\_\_\_\_

\_\_\_\_\_

If yes, what dose and how often? \_\_\_\_\_

***I have examined this child and find him/her to be free of any communicable disease.***

**Signature & Stamp (Physician)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone number** \_\_\_\_\_