

**TRADERS POINT CHRISTIAN SCHOOLS, INC.**  
**6600 S. Indianapolis Road, Whitestown, IN 46075**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (last) (first) Admission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Child Lives With \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (relationship)

**MEDICAL HISTORY**

Communicable Disease	Month/Year	Condition	Explain If Present
Measles	_____	Allergies:	_____
Rubella (Ger. Measles)	_____	Handicapping	_____
Chickenpox	_____	Conditions:	_____
Mumps	_____	Other:	_____
Scarlet Fever	_____		_____
Whooping Cough	_____		_____
Other	_____		_____

**PHYSICAL EXAMINATION**

Date Of Exam \_\_\_\_\_ Age Of Child \_\_\_\_\_

Skin _____	Heart _____
Lymphnodes _____	Lungs _____
Eyes _____	Abdomen _____
Ears _____	Genitalia _____
Nasopharynx _____	Skeleton _____
Teeth & Mouth _____	Other _____

Note any unusual findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this child have any health condition that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities ( including sports )? No \_\_\_\_ Yes \_\_\_\_ . If yes, what modification of normal activities would be necessary to protect the child and his/her classmates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No \_\_\_\_ Yes \_\_\_\_ . Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HISTORY OF IMMUNIZATIONS & TEST ( indicate month/day/year )**

	1	2	3	4	5
<b>DTaP/DT/Td</b>					

	1	2	3	4
<b>OPV,IPV</b>				

	1	2	3	4
<b>Hib</b>				

	1	2	3
<b>Hepatitis B</b>			

	1	2
<b>Measles</b>		

	1	2
<b>Mumps</b>		

	1	2
<b>Rubella</b>		

	1	2
<b>Varicella</b>		

	1	2	3	4
<b>PCV7</b>				

Name of Physician Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(please print)

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

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**ADDITIONAL NOTES AND INSTRUCTIONS**

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