



DURHAM COMMUNITY PRESCHOOL HEALTH INFORMATION FORM

Mail completed form to:

Durham Community Preschool
 304 East Trinity Avenue
 Durham, NC 27701

Instructions:

- One form is required for each child attending DCP. Forms as well as supplemental proof of vaccination must be submitted and received by DCP before attendance. Failure to submit this form in a timely fashion may jeopardize the child's ability to attend DCP.
- Following receipt and review of this form, DCP reserves the right to withdraw the child's enrollment spot or delay the child's attendance until compliance with the requirements of DCP's policy on health and immunizations is assured.
- In addition to preparing and submitting this form, the child's parent(s) is responsible for discussing any relevant health issues with DCP staff as well as providing training for use of any required medical equipment/supplies or emergency medication.
- For more information about DCP's policy on health and immunizations, see Section 3.8 of the Parent Handbook.

To Be Completed by Parent:

Child's Name: _____

Parent's Name(s): _____

Address: _____

Does your child have any known chronic medical problems (**circle one**)? YES NO

If Yes, please explain: _____

Does your child have any known allergies or sensitivities to medications, foods, or insects/animals (**circle one**)? YES NO

If Yes, please explain: _____

Does your child have any physical, emotional, or developmental issues DCP should be aware of (**circle one**)? YES NO

If Yes, please explain: _____

To Be Completed by Physician's Office (Note - Form is not complete until signed by a physician):

Date of Last Physical Examination: _____ Health Condition of Child: _____

Do you have any concerns or reservations about this child participating in a preschool environment ((**circle one**)? YES NO

If YES, please explain: _____

Is this child up-to-date with respect to immunizations as is required per NCGS §130A-152 (circle one**)?** YES NO

If NO, please explain: _____

Physician's Signature: _____ Date: _____

By This Age:	VACCINE DOSE RECEIVED (Circle Y or N OR Attach Vaccination Record)						
	Current Age of Child: _____			Child's Age at DCP Entry: _____			
Vaccine	Diphtheria / Tetanus / Pertussis (DTaP)	Polio (IPV)	Hemophilus Influenza B (Hib)	Measles / Mumps / Rubella (MMR)	Hepatitis B (HepB)	Varicella (Var)	Pneumococcal Conjugate Vaccine ^a (PCV)
3 Months	#1: Y or N	#1: Y or N	#1: Y or N		#1: Y or N		#1: Y or N
5 Months	#2: Y or N	#2: Y or N	#2: Y or N		#2: Y or N		#2: Y or N
7 Months	#3: Y or N	#2: Y or N	#2/3: Y or N				#3: Y or N
12-16 Months	#4: Y or N	#2: Y or N	#3/4: Y or N	#1: Y or N		#1: Y or N	#4: Y or N
19 Months		#3: Y or N			#3: Y or N		
4 Years & Older ^b							
4 Years & Older ^c	#5: Y or N	#4: Y or N		#2: Y or N		#2: Y or N	

^a PCV is only required for children born on or after July 1, 2015.
^b Required prior to attending DCP.
^c Required prior to attending Kindergarten only.