New London Christian Preschool
125 Saginaw Road, Lincoln University, PA 19352
Phone: 610.869.7989
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www.newlondonchristianpreschool.com

CHILD HEALTH ASSESSMENT

Child's name _____ **Date of Birth** _____

Section B: Completed by Physician * May attach print out. It must have doctor name & address

Immunizations	Date	Date	Date	Date	Date	Comments
DTP/DT/DtaP						
POLIO						
PCV7						
HIB						
HEP B						
MMR						
Chicken Pox						
Hearing	normal	abnormal				
Vision	normal	abnormal				

Allergies of any kind, please list and describe as appropriate: _____

_____

Each child entering New London Christian Preschool is required to present the following statement certifying that the child is under a physician's care, is physically able to participate in the school program, and all immunizations are up to date. Physician's statement: I have examined the above-name child within the past year and find that he/she is physically and mentally able to take part in the school's program.

_____

Physician's Name Address Phone

Physician's Signature _____ **(mandatory)**