

**Magic Kingdom Day Nursery**  
 88 Brooklake Rd. Florham Park, NJ 07932  
 Tel: (973) 966-9762 Fax: (973) 377-3994

CHILD HEALTH RECORD

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 In Case of Emergency call: \_\_\_\_\_

Name                      Address                      Telephone                      Relationship

**IMMUNIZATIONS AND TESTS**

IMPORTANT: Please document exact dates - must be signed & stamped by physician or official agency

DTP	POLIO	MMR	HIB	Hepatitis B Series	Varicella	Pneumococcal Vaccine *
2 Mos.	2 Mos.	12-15 Mos.	2 Mos.		1 Yr.	
4 Mos.	4 Mos.	4 Yrs. **	4 Mos.			
6 Mos.	6-18 Mos.		6 Mos.			Influenza Vaccine*
15-18 Mos.	4 Yr.		12-15 Mos.			
4-6 Yrs.						

**\*Beginning September, 2008 the State of New Jersey will require proof of annual influenza vaccines and a pneumococcal vaccine for all children attending a licensed preschool/day care center.**

**MEDICAL HISTORY**

Birth History \_\_\_\_\_ Growth and Development \_\_\_\_\_

Allergies\* \_\_\_\_\_ Special Diet \_\_\_\_\_

Present illnesses (especially communicable) \_\_\_\_\_

\*All allergies requiring intervention during the school day require a health plan.

**CHILD PHYSICAL EXAMINATION FOR ADMISSION TO NURSERY**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ General Appearance \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Teeth \_\_\_\_\_ Tonsils \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_ Neurological \_\_\_\_\_ Skin \_\_\_\_\_ Physical/Emotional Handicaps \_\_\_\_\_ Others \_\_\_\_\_

Child is in good health/can attend school and participate in all activities \_\_\_\_\_

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

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