



5001 Tudor Place, Durham, NC 27713
919-544-2872

Medical Form

Child's Name: _____

Parent's Name: _____

Address: _____

General Health: _____

Special Health Concerns: _____

Current Medications: _____

Chronic/Recurring Illness: Ear Infections____; Hearing Disorder____; Heart Disease ____;
Convulsions ____; Asthma ____; Other _____

Allergies: _____

Does your child receive outside services through the public school system and/or privately?

Yes No Please explain. _____

Immunizations- Triangle Presbyterian Preschool/Kindergarten requires immunizations in accordance with the Centers for Disease Control and Prevention guidelines. The CDC recommendations are below:

- Hepatitis B (Hep B) - birth, 1 month, and 6 months
- Rotavirus (RV) – 2, 4, & 6 months
- Diphtheria, Tetanus, Pertussis (DTaP) - 2, 4, 6, 18 months and 5 years
- Haemophilus influenza type b (Hib) - 2, 4, 6, and 12 months
- Pneumococcal (PCV) – 2, 4, 6, and 12 months
- Inactivated Poliovirus (IPV) - 2 and 4 months, 1 and 5 years
- Influenza (recommended) - yearly
- Measles, Mumps, Rubella (MMR) - 1 and 5 years
- Varicella - 12 months, 4 years
- Hepatitis A (HepA) – 12 months, 18 months
- Meningococcal (MCV) - 2 years

******PLEASE ATTACH YOUR CHILD'S SHOT RECORD FORM AND**

HAVE YOUR PHYSICIAN SIGN THIS TPPK MEDICAL FORM****

Physician's Signature _____ Date _____

Office Address _____